BRIDGE HEALING
ASAMINA KOCHI
- To try again -

Implementation Framework

A resource to ensure that no patient is discharged to houselessness from an emergency department

April 4, 2024

Jasper Place Wellness Centre (JPWC)

UNIVERSITY OF ALBERTA
mitacs
JASPER PLACE WELLNESS CENTRE
ALBERTA MEDICAL ASSOCIATION

Land Acknowledgement

We respectfully acknowledge that the original Bridge Healing was created in Amiskwacîwâskahikan located on Treaty 6 territory traditional lands. Treaty 6 has been the meeting and living place of many Indigenous peoples for many centuries including Cree, Saulteaux, Blackfoot, Métis, and Nakota Sioux. We recognize that First Nations' cultures value community, support, and interconnection where all voices have a place. We aim to carry these values throughout this document in an effort to uphold our responsibilities as Treaty partners. As Bridge Healing is expanded to other regions across Canada, we acknowledge that Bridge Healing will be implemented on the traditional territories of other Indigenous nations that have their unique and valuable cultures.

About

Using Bridge Healing as an extended example, this document is intended to provide a framework for the design and implementation of transitional housing programs accessible to emergency department patients experiencing houselessness.

Our intention is to provide a resource that helps communities design unique solutions to address service gaps and meet a necessary standard of care–that no patient be discharged to houselessness.

This document has been prepared by Daniel Clark under the supervision of Dr. Louis Hugo Francescutti for Jasper Place Wellness Centre.

This report expanded on an assignment produced by Azra Panjwani, Courtney Malley, Essi Salokangas, and Sarah De Medeiros at the University of Alberta's School of Public Health, as part of a course requirement (SPH 523 Advocacy for Public Health).

The development of this report was funded by Jasper Place Wellness Centre and Mitacs through the Mitacs Accelerate Program.

Table of Contents

1

Background of Bridge Healing

Background of Bridge Healing

History of Bridge Healing

Bridge Healing – ASAMINA KOCHI (to try again) - provides emergency department (ED) patients experiencing houselessness with transitional housing as well as integrated health and social support.

The original concept, many iterations prior, was first introduced in the spring of 2019 by a group of graduate students enrolled in a public health advocacy course at the University of Alberta, School of Public Health. Soon after, Bridge Healing advocates engaged in numerous lengthy community consultations with health professionals, the Royal Alexandra Hospital Emergency Department, the City of Edmonton, the Edmonton Police Services, marketing consultants, Indigenous leaders, and other community advocates. Bridge Healing also collaborated with NAIT Capstone students who developed the branding, data analytics, and processes to integrate Bridge Healing into emergency departments. These consultations refined the original concept of Bridge Healing, built buy-in from various stakeholders, and ensured that Bridge Healing was economically viable, implementable, and sustainable. The Jasper Place Wellness Centre (JPWC) was chosen as the community non-profit organization to implement and operate Bridge Healing because of its work in housing those experiencing houselessness and its missional alignment in empowering community members. By advocating to Dr. John Cowell, the temporary sole Alberta Health Services (AHS) administrator, AHS implemented the Bridge Healing program as a pilot project. Financial support for the project largely came from grassroots community-level advocacy including the Royal Alexandra Hospital Foundation, Lions Clubs International, the Edmonton Oilers Community Foundation, the City of Edmonton, Alberta Health Services (AHS) and private donors. After building award-winning, environmentally friendly buildings that integrate innovative technologies that are net-zero and carbon-free, the first 12-unit building formally opened its doors in January 2023 with the first resident moving in on March 16th. Twenty-four other units were completed in the Fall and Winter of 2023. Since its inception, Bridge Healing has been endorsed and supported by numerous important stakeholders including the Government of Alberta, AHS, the Alberta Medical Association's section of emergency medicine, the Royal Alexandra Hospital Foundation, and Edmonton Police Services.

Purpose

The mission of Bridge Healing is to anticipate and meet the needs of people experiencing houselessness and interacting with hospital care by providing immediate transitional housing and services in order to enable independent integration into society in a meaningful way. Bridge Healing's vision is to rally the community to serve the needs of patients accessing the emergency department, or other hospital services, who are experiencing houselessness in a caring, respectful, and effective manner. Ultimately, Bridge Healing strives to achieve the goal of having no hospital patient discharged into houselessness. Bridging the healthcare system and social supports facilitates the healing journey of patients experiencing houselessness and reduces costly readmissions to emergency departments.

Project Description

Bridge Healing is a novel collaboration directly connecting emergency departments with a community health and housing centre which, in Edmonton, is JPWC. Bridge Healing provides people experiencing houselessness in hospital emergency departments with immediate access to transitional housing to prevent costly readmissions to emergency departments and other harms associated with discharging patients into houselessness. JPWC also provides clients with a broad range of integrated supports intended to address the root factors causing an individual to experience houselessness and to improve their overall quality of life.

To be admitted to Bridge Healing, patients are first screened for their housing status per emergency department eligibility criteria. Patients reporting as houseless and want to be housed are referred to clinical social workers who will discuss their eligibility to Bridge Healing based on several criteria including:

- 18 years of age or older
- Self-identified as being without housing and willing to reside individually
- Able to safely reside in a communal building
- Indicates a desire to actively work towards finding permanent housing
- No active medical, surgical, or psychiatric concerns that warrant hospital admission (i.e., the patient is being discharged from the hospital)
- Ability to use the restroom, manage medications, and ambulate independently

If the patient meets these criteria and Bridge Healing facilities has a vacancy, they are discharged from the emergency department via taxi to better ensure that they safely arrive. Redcap and Strata Health, two electronic software systems used by AHS, are used to monitor vacancies at Bridge Healing, coordinate the referral process and record outcomes of patients for evaluation purposes. After completing intake documentation, the following few days involve new residents signing up for house responsibilities, being entered into the local housing system, being referred to a housing worker, and receiving assistance to apply for income, identification and a bank account if needed. JPWC and its staff directly provide these programming supports. Through housing support workers funded through Homeward Trust, JPWC directly assists clients in finding permanent housing that meets their care needs. While actively pursuing permanent housing, Bridge Healing also coordinates with other service providers to receive other supports such as addiction and mental health services and home care, depending on the needs of the individual. The goal is to find long-term housing for residents in under 30 days though their length of stay depends on the needs of individuals and societal circumstances such as the availability of housing.

The Eden Alternative Philosophy and Housing First are two of the foundational approaches to the Bridge Healing program's design. The Eden Alternative Philosophy, otherwise known as the Eden Principle, is a framework originally derived from old-aged care that aims to eliminate loneliness, helplessness, and boredom. It does so by providing individuals opportunities to meaningfully engage and connect with others to establish a sense of purpose and belonging (Sherbrooke Centre, n.d.). Building a community around a shared experience is an integral aspect of rehabilitation and recovery that provides individuals with the motivation and resilience to overcome deep-rooted challenges. The Eden Philosophy highlights seven Domains of Well-Being—identity, growth, autonomy, security, connectedness, meaning and joy—all of which are essential to improving quality of life (Sherbrooke Centre, n.d.). This philosophy will need to be adapted to different cultural contexts, recognizing the cultural diversity of the unhoused population. In doing so, this framework emphasizes the need for person-centred care to ensure that all patients are treated with dignity and respect.

In addition to fostering a person-centred culture among the staff, Bridge Healing incorporated the Eden Alternative Principle in the design of its buildings. Rather than building apartments with numerous rooms, Bridge Healing buildings only contain 12 single occupancy rooms (Appendix #1: Bridge Healing Floorplans). Each room includes a bathroom with a shower, bed, desk, and kitchenette. On the main floor of the building, there is a large, shared living space and a full kitchen. By limiting the occupancy of each building to 12 and creating communal areas, the members of each house are more likely to meaningfully connect with other residents and build mutually supportive relationships. Bridge Healing also facilitates communal meals, chores, and other activities which give residents a greater sense of community and belonging.

Housing First is a rights-based initiative founded on the understanding that 1) all people deserve housing, and 2) housing is an essential component of recovery (Gaetz et al., 2013). This movement is centred around five key principles:

1. There are no preconditions to accessing housing. This includes abstinence and/or addiction recovery program participation.
2. Clients are empowered to voice preference over the type and location of their housing as well as which supports are engaged.
3. Individual well-being is prioritized and can range from abstinence to harm reduction.
4. Supports are individualized, voluntary, culturally appropriate, and portable.
5. Community integration is a priority.

These elements represent the core tenets of Housing First with each implemented project adapting to the unique factors specific to the population it serves and resource availability.

Bridge Healing incorporates Housing First principles by using a harm reduction approach and maintaining low-barriers to entry. Unlike many programs that have numerous conditions including abstinence from drugs and alcohol before accessing the residence, Bridge Healing intentionally maintains low barriers to entry in order to meet the needs of the most marginalized. Active participation in the process of seeking housing, however, is a requirement. Moreover, once admitted, Bridge Healing aims to create a safe environment by providing harm-reduction supplies and treatment for drug-related medical concerns if residents require it. As Bridge Healing continues to evolve and expand, different versions of Bridge Healing may be developed to focus on the specific needs of each segment of the non-homogenous unhoused population.

Context

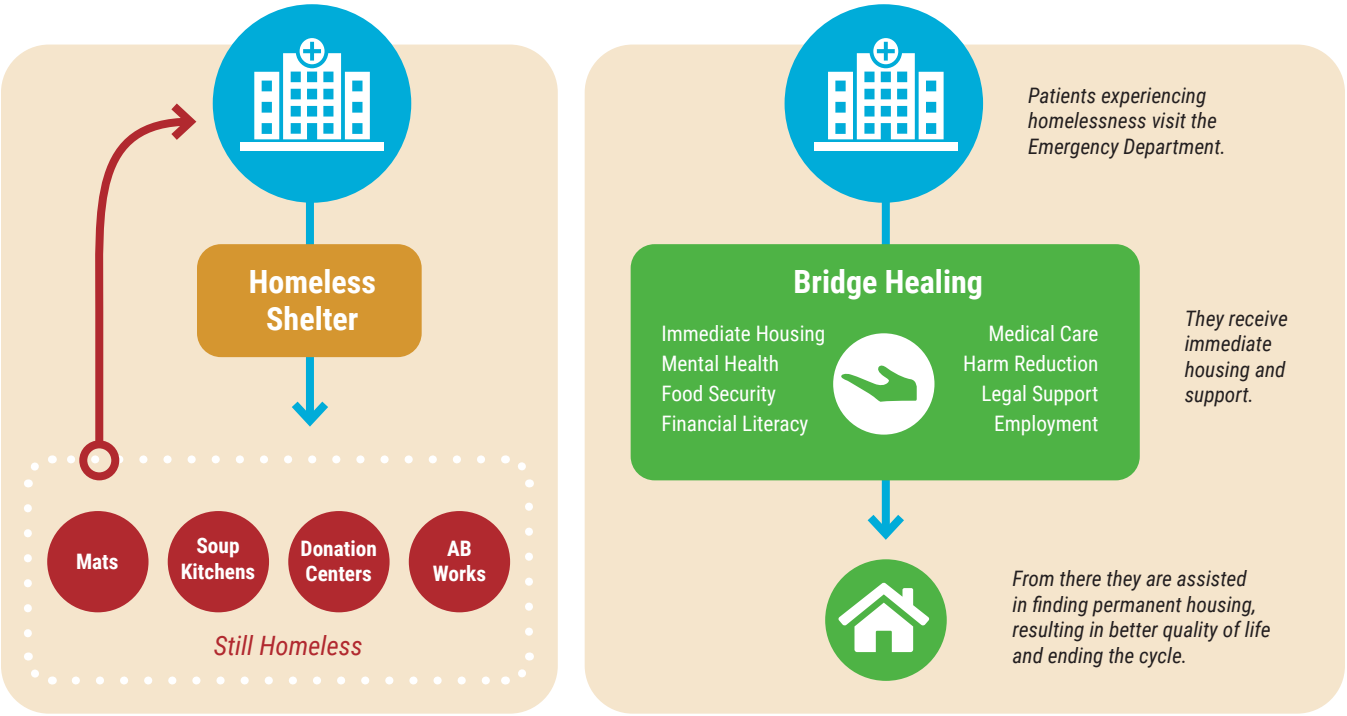
An estimated 235,000 people experience houselessness in Canada each year, many of whom face multiple, complex challenges that lead to poor health outcomes (Gaetz et al., 2016). Systematic reviews demonstrate that unhoused individuals often use hospital emergency departments (EDs) as their primary healthcare and visit them up to 18 times more than housed populations (Vohra et al., 2022; Ni Cheallaigh et al., 2017). Also, hospital EDs often admit patients, providing temporary sources of shelter, physical care, and food. In 2021, there were 8,640 distinct patients who experienced houselessness who visited emergency departments or urgent care centres in Alberta, accounting for 26,396 total visits (Appendix #2). However, after discharge from the hospital, patients experiencing houselessness are no more equipped to access permanent housing and other social supports (figure 1, left). Numerous barriers prevent patients experiencing houselessness from accessing primary healthcare, substance misuse services and supportive housing (Bowen et al., 2019). Moreover, these individuals are released back into the rough conditions of houselessness which then can exacerbate their health conditions and place then at higher risk for numerous other health challenges such as opioid poisonings, syphilis, shigella, cutaneous diphtheria, frostbite, etc. As a result, many repeatedly return to the ED for treatment.

Unhoused people visiting EDs and not receiving appropriate support services have become a growing issue that significantly impacts the healthcare system. Recent surveillance data shows that the total number of visits to EDs in Edmonton by people experiencing houselessness from 2019 to 2021 has increased by 10.4% (Alger, 2022). Not only does this issue directly impact the well-being of the individuals experiencing houselessness, but it also creates a significant burden on the healthcare system. Although the costs vary by province or territory and by the specific hospital, the Canadian Institute for Health Information recorded that the average cost of a hospital stay in Alberta was over $9,000 (CIHI, n.d.). Studies also reveal that the cost of unhoused patients using medical, surgical and psychiatric services is on average $1,000 more than housed patients because of their complex needs (Wiens et al., 2021; Hwang et al., 2011). Therefore, preventative initiatives such as Bridge Healing that integrate emergency healthcare, housing and social care are needed to more comprehensively support people experiencing houselessness and reduce the burden on the healthcare system (Vohra et al., 2022).

Although these societal challenges are common across Canada, each community considering implementing Bridge Healing should review recent statistics at the local level describing the unhoused population and the overburdened healthcare system. Understanding local statistics and challenges will prove more effective in advocating for change and building stakeholder partnerships. Moreover, it is important to recognize that various systemic factors impact the experiences of unhoused people, including their chronic physical or mental health conditions, the toxic drug crisis, systemic racism and the shortage of affordable permanent housing. The interplay between these factors further increases vulnerability to harm for an already marginalized group and demonstrates why transitional housing initiatives like Bridge Healing are essential.

Appendix #3 also lists several published newspaper and journal articles about Bridge Healing and how it helps address the homelessness crisis and its impact on emergency department overcapacity.

Figure 1. *An overview of the existing system where hospitals discharge patients to homeless shelters. People remain homeless causing repeated visits to emergency departments (left). An overview of the transitional steps from the hospital into Bridge Healing for immediate housing and social support, with the goal of entering permanent housing or other long-term placements (right).*



2

Implementation Workplan Overview

Implementation Workplan Overview

Modelled after the APAE Program Planning Cycle (Assess, Plan, Act & Evaluate), there are four distinct phases required to implement Bridge Healing in each new community. This process is marked by the completion of eleven steps.

PHASE	STEPS
PHASE 1 Assess (approximately 4 months)	**Step 1** Form Implementation Team **Step 2** Connect with JPWC and the Existing Bridge Healing Team Members **Step 3** Conduct Community Landscape Analysis **Step 4** Build Partnerships
PHASE 2 Plan (approximately 4 months)	**Step 5** Identify Sources of Funding and Establish Funding Model **Step 6** Perform Community Engagement **Step 7** Develop a Governance Structure
PHASE 3 Act (approximately 1 year)	**Step 8** Develop a Resource Plan **Step 9** Implement Plan
PHASE 4 Evaluate (approximately for 1 year after operations begin)	**Step 10** Develop and Implement Evaluation Framework **Step 11** Disseminate Evaluation Results and Integrate Learnings

In total, implementation from the initial steps to the beginning of operations will take approximately 1.5 to 2 years. However, the timeline is an approximation and will depend on numerous factors such as the commitment of the implementation team, stakeholders' support, availability of funding, and the efficiency of the construction of facilities. Several steps such as steps 4, 5, 6, and 10 may be completed simultaneously which will quicken the implementation process. For example, community engagement may be performed while building partnerships and does not necessarily need to be completed before developing a resource plan and implementing the plan.

Step 1: Form Implementation Team

Forming a small, unified and committed implementation team is essential to spearhead the implementation of Bridge Healing. These Bridge Healing champions will perform community needs assessments and develop partnerships with relevant stakeholders.

Initiatives often fail when there is not a clearly defined team that takes responsibility for implementing the initiatives, recognizing that they will inevitably have to overcome challenges. Dr. Louis Francescutti, an emergency physician and community advocate, and Bob Hiew and Joan McCollum, specialists in strategic planning and project management, were the core team during the initial stages of the development of Bridge Healing. Murray Soroka and Taylor Soroka, executive leaders at JPWC, soon joined the team when JPWC was chosen to implement Bridge Healing.

When forming an implementation team, consider several aspects of the team.

- Knowledge & Experience
  - > Ensuring the core team has people with sufficient knowledge and experience in strategic planning, in project management, in the healthcare system, and in working to house people who experience houselessness.
- Relational Networks
  - > Having connections with influential people and organizations ranging from the social service sector to health services to the government will be immensely beneficial in building collaborations and support. These relationships will be essential for influencing decision-makers and implementing Bridge Healing.
- Influence
  - > The authority and reputation of team members will play an important role in advocating for support from governmental decision-makers, healthcare leaders and funding bodies. For example, the recognition and reputation of Dr. Louis Francescutti within the healthcare system played a pivotal role in gaining support and funding from AHS and health foundations such as the Royal Alexandra Hospital Foundation.

To ensure that the implementation team functions effectively:

- Appoint suitable members who have time availability and are committed to Bridge Healing
- Ensure that the responsibilities of members are clearly defined
- Set regular meetings with clearly defined agendas that advance the initiative

Step 2: Connect with JPWC and the Existing Bridge Healing Team Members

Jasper Place Wellness Centre was the first to implement Bridge Healing in Edmonton, Alberta. As a result, they overcame many of the challenges associated with establishing a new initiative.

The implementation team in a new community should collaborate and consult with JPWC and the Bridge Healing Team early in the engagement process to better learn from them and build upon their success. Communication with them will supplement the learnings in this manual, clarify misunderstandings and ensure implementation of Bridge Healing is more efficient and effective. JPWC can be contacted at *https://www.jpwc.ca/reach-out*.

JPWC would be willing to share recent reports, plans, proposals, and tools. Sharing some information about your vision and local context will allow JPWC to provide valuable insight and whether Bridge Healing will adequately achieve your goals. Inviting a member of JPWC to participate in an advisory committee may be beneficial for ongoing program adaptation and implementation. An in-person visit to existing Bridge Healing facilities will be useful in understanding its mission, context, and operations. Discussions about how Bridge Healing branding is utilized in your initiative may also be necessary when implementation in your community becomes foreseeable.

Although the existing Bridge Healing team may be able to provide advice to new initiatives, ensuring there is sufficient support and commitment among local stakeholders is essential for success.

Step 3: Conduct Community Landscape Analysis

Needs Assessment

The next step in implementing Bridge in a community is identifying and describing the need for Bridge Healing.

Detailed, community-specific descriptions of the need for Bridge Healing will prove useful in advocating for funding and promoting buy-in from stakeholders. A few useful questions to assess the community's needs are listed in table 1. Detailed health assessment models and frameworks can be found online at the Public Health Professionals Gateway at the Centre for Disease Control and Prevention (2023).

Table 1 *Several Questions to Examine for the Community Needs Assessment for Bridge Healing*

Primary Question	Additional Questions
Is there an unhoused population in this community?	How large is the unhoused community?
Is there a burden on the healthcare and emergency services in this community?	How much of a burden? For example, what is the current operating capacity of EDs? How many patients visiting EDs are unhoused?
Is there a gap between patients experiencing houselessness being released from healthcare and permanent housing in the community?	What factors are creating this gap? Will Bridge Healing be useful in addressing these factors?
Is there an over-demand for homeless shelters in this community?	At what capacity are homeless shelters operating and what factors are causing their under-utilization?
Are social services and other healthcare supports unable to reach the unhoused community?	What factors are causing this and will Bridge Healing be useful in addressing these factors?
Are there existing initiatives or protocols for connecting unhoused patients with permanent housing?	Are these initiatives effective? Could Bridge Healing build upon existing initiatives or inform their development?

A few ways to assess the community's need for Bridge Healing are described below:

1 **Peer-Reviewed Literature**

Peer-reviewed literature is perceived as objective and thus may be useful in stakeholder engagement. However, since literature is often not specific to a community, local data is important in swaying community decision-makers.

2 **Data from Local Organizations**

Organizations such as local homeless shelters, housing-first organizations, social serving non-profits, municipalities and hospitals may have community-specific data demonstrating the need for Bridge Healing.

3 **Experience of Unhoused People, Healthcare Providers, and Social Service Agencies**

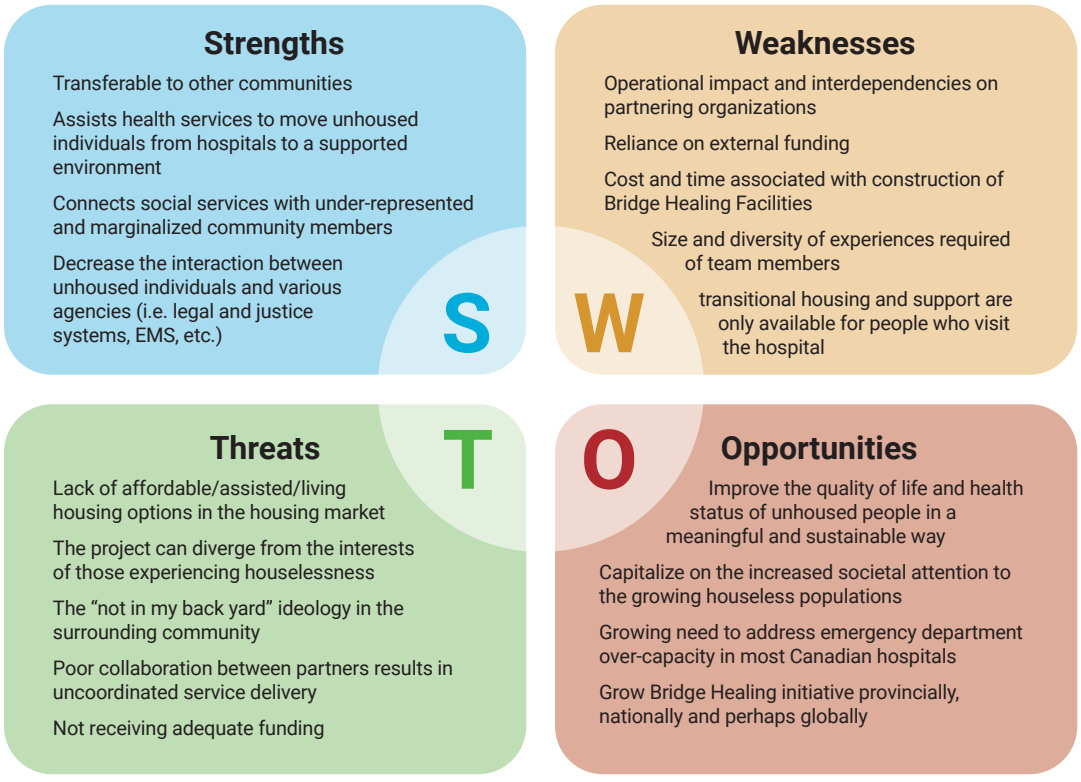
People with lived experience of houselessness or of directly serving these populations will have important insights into the context-specific factors of the unhoused population and their need for Bridge Healing. Since these stakeholders are directly involved in the operation of Bridge Healing, a collective understanding of its needs is essential for successful implementation.

SWOT Analysis

A SWOT analysis should be completed before the planning and operation of the Bridge Healing program to assess internal factors (strengths and weaknesses) and external factors (opportunities and threats) that could affect Bridge Healing's success in this particular community. In addition to an internal analysis with the implementation team, reaching out and gathering feedback from external stakeholders will be beneficial to gain a holistic perspective of the local strengths, weaknesses, opportunities and threats.

Recognize that opportunities and threats depend on the unique context of the community. The ideas presented below may or may not be applicable to a community's context.

Figure 2 *A SWOT (strength, weakness, opportunities, threats) analysis of the Bridge Healing Program.*



Strategies to Mitigate Threats

The lack of affordable and/or assisted-living housing options in the housing market for clients will significantly influence the perceived success of Bridge Healing because clients will be unable to find permanent housing. As a result, they will remain in Bridge Healing facilities longer than expected. Since the availability of affordable housing is essential for Bridge Healing's success, the program implementation team needs to ensure that there are affordable and/or assisted-living housing options in the broader community early in the implementation process. Better collaboration with agencies involved in tenancy acquisition and ensuring that the housing truly meets the needs of the client will also ensure that placements are effective. Moreover, advocating the need for affordable housing and how the shortage is impacting Bridge Healing will ensure that poor results are understood in the context of broader challenges in the housing market. In fact, the affordable design of Bridge Healing facilities can be promoted as an affordable alternative to alleviate the housing crisis. In the future, Bridge Healing facilities could be utilized as permanent housing options, particularly for complex patients who require continued support.

The issue of diverging from the interests of people experiencing houselessness can be mitigated through continued collaboration and communication throughout the operation of Bridge Healing. Meaningful engagement must be fostered through building trusting relationships with unhoused individuals to gain a deeper understanding of the values and belief systems central to each community. Moreover, evaluation efforts must embed a client-centred perspective so that 'success' is defined in a way that is meaningful to clients.

Managing 'Not in My Backyard' beliefs may become necessary during implementation, particularly when the Bridge Healing facilities are being constructed. This can be mediated by creating trust with the community and undergoing carefully planned community engagement. Treating the current residents as contributors to the solution as opposed to potential problems and emphasizing the community benefits can significantly foster trust. This can be further mitigated through transparent dialogue which addresses misinformation surrounding transitional housing programs. More information is provided in Step 5: Performing Community Engagement.

The threat of inefficient collaboration can be addressed by establishing partnership relationships before the implementation of Bridge Healing. Moreover, forming a program governance team with key stakeholders will promote inter-agency communication in order to address any problems and continually improve collaboration. This is explained more in Step 7: Develop a Program Governance Structure.

Dealing with the threat of inadequate funding can be mitigated by approaching the provincial government and health services to commit to providing social support by funding transitional housing programs like Bridge Healing. Additional resources can be obtained through grant applications or foundations which is explained more in Step 6: Identify Sources of Funding and Establish Funding Model.

Step 4: Build Partnerships

Creating a program like Bridge Healing is not possible in isolation. Invaluable expertise and insights come from collaborating with existing community health and social services.

It is ultimately the responsibility of the implementation team to use their knowledge of the community context, relational networks and influence to identify and build partnerships with the core group of stakeholders such as the community partner and health services. These core Bridge Healing stakeholders can then help identify and build relationships with tertiary stakeholders. When consulting with each of these groups, there should be clear expectations about the extent and nature of the collaboration, the time and resources required, and the compensation for participants.

Social Services and Community Supports

Community partners are crucial when working to establish a transitional housing program. Identifying a suitable non-profit organization within the community is essential as it will oversee the housing units and manage the day-to-day staffing and operations. Moreover, this community partner will be responsible for building partnerships with other social supports for clients to utilize. Importantly, the community partner will be responsible for assisting clients find permanent housing. Working alongside a community-based champion will allow for a deeper understanding of the needs and complexities of the community and the existing local social services and supports. When looking for a community partner to champion this program, there are many factors to consider. Specifically, ensure that:

- Their values align with a housing-first philosophy: the first priority is safe, secure, and stable housing; everything else comes after.
- Prioritize trauma-informed and culturally sensitive care. Recognize that people may have had negative or unsafe experiences with systems of power (including health and social services). The impact can be variable and widespread; employ a compassionate approach and focus on protecting clients from re-traumatization.
- Offer autonomous, client-centered care. Each client defines their own goals and measures of success; they know their situation the best and should be supported as they strive to meet their goals.
- Are integrated in the community and have trusted relationships with people experiencing houselessness and other social support agencies.
- Adopt a harm reduction-oriented philosophy, which aims to empower people to reduce harm to themselves and their community, particularly from substance use.
- A focus on housing and healthcare should be within their mission.

Jasper Place Wellness Centre (JPWC) is the community partner for Bridge Healing in Edmonton, AB. JPWC focuses its efforts on affordable housing, healthcare, employment, food security, and community building. Some key aspects of the organization which made this an ideal collaborating partner include:

- Established and trusting relationships with people experiencing houselessness.
- Experience with building, owning, and operating affordable housing programs (supported and near market housing) in Edmonton.
- Had operated a community health clinic and resource centre, which can also support clients in Bridge Healing.
- Focused on empowering and supporting clients to find and maintain employment.

Health Services and Hospitals

Since hospitals directly refer patients to Bridge Healing, the strength of collaboration and communication with health services is a significant factor in the initiative's success. AHS is currently extensively involved in the management of Bridge Healing in Edmonton by contributing financially and having several AHS staff play key leadership roles. When collaborating with health services, several factors to consider are:

- What will be the first hospital referring site? Start by collaborating with one emergency department in a hospital and onboard more hospitals or departments as the program becomes more established.
- Who will be the community champion for each hospital site? Having at least one individual who will champion Bridge Healing in their local hospital context is essential so that it is integrated within the hospital function and is thus sustainable. These site champions will also regularly meet with the program governance team to discuss and implement necessary changes in operations.
- Who in health services will be collaborating to design this program? Consider how different roles are necessary and can shape the insights from the collaborative work.
- Specifically, who in health services will be advocating to executive leadership on behalf of Bridge Healing? Having one or two individuals in health services (such as local directors in Addictions & Mental Health Services or Emergency Services) who can advocate on behalf of the Bridge Healing team will be essential to gaining financial and managerial support from senior leadership. These individuals will probably play important roles in leading the initiative during its operation.
- Who are the key decisionmakers for whether Bridge Healing is implemented in the local healthcare system? Identifying these key decision-makers will enable Bridge Healing advocates in the healthcare system to better focus their advocacy efforts.

People with Lived and Living Experiences of Houselessness

Those with lived and living experience have community connections and useful insight which can inform what exactly is needed in each community. People with lived experience should be collaborators in determining the goals and scope of services.[1]

Informal Engagement

The best method of engaging those with lived or living experiences of being unhoused is often through informal settings. It is while living together in a community that trusting relationships are formed between people experiencing houselessness and staff members of the social service agency. These relationships of trust allow clients to be honest and authentic because they feel valued, respected, and that their opinions will make a genuine impact in driving change. To meaningfully prioritize the opinions of unhoused individuals, JPWC often engages these individuals in informal settings such as during existing community programming or while having discussions over coffee.

When seeking to gain the important insight of lived experience, consider these questions:

- What insights have you learned through your previous experiences and conversations from those with lived experience? How can these learnings inform Bridge Healing?
- What existing trusting relationships or communities can be utilized to better understand their thoughts on Bridge Healing?
- How can engagement efforts be authentic and genuinely demonstrate our value of community members' voices?

[1] *Please see the following report for best practices in engaging people with lived and living experience: Jürgens R (2008). "Nothing about us without us" — Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative, International edition. Toronto: Canadian HIV/AIDS Legal Network, International HIV/AIDS Alliance, Open Society Institute*

Formal Engagement

Formal engagement processes also have an important role in learning from those with lived experience, especially to learn from important demographics and to have recurring feedback. Many communities may already have client action committees which could be capitalized for this initiative.

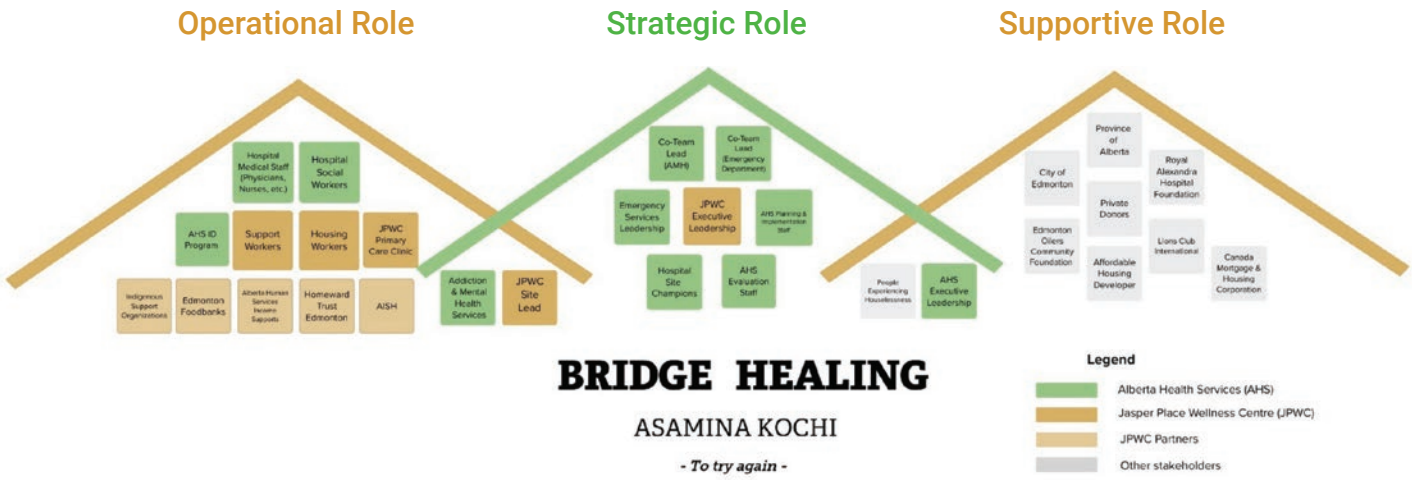
Since cultural continuity plays an important role in supporting Indigenous clients, JPWC periodically consults a group of Indigenous elders to provide insight on community programs. Engaging with Indigenous leaders is particularly relevant considering the over-representation of unhoused Indigenous people.

The existing Bridge Healing project in Edmonton is also being evaluated and informed by a community advisory group, composed of 10 individuals with lived and living experiences of houselessness. The group will provide feedback on the research design, implementation, and interpretation of results as Bridge Healing continues to evolve. The group is facilitated by JPWC and participants are provided with refreshments and compensated for their time at a rate of $25/hour.

Stakeholder Map

The following stakeholder map summarizes the organizations and individuals involved in the operation of Bridge Healing (figure 3). This stakeholder map should be used as a model to understand what roles and types of partnerships are required to operate Bridge Healing. Stakeholders have been classified as occupying operational, strategic and supportive roles with some stakeholders being under two categories. Each community's context is different so these roles may be occupied by individuals from organizations different from those shown on the map. Building partnerships with local individuals and organizations that have similar knowledge and experience as those in the stakeholder map will be important in ensuring the effective implementation and continued operation of Bridge Healing.

Figure 3 *Stakeholder Map for the Bridge Healing Initiative*



Since Bridge Healing aims to facilitate connections between the health and social sectors by lowering barriers and creating a direct pathway (or "bridge") between them, both JPWC and AHS are central in its program implementation. JPWC executive directors and site leads play a significant strategic role in Bridge Healing, while the JPWC support workers and site leads are involved in operating the transitional housing and directly supporting clients. JPWC housing workers, who are independently funded by Edmonton Homeward Trust, are involved in assisting clients in finding permanent housing. JPWC also had a primary care clinic which clients use for primary care health needs. In addition, JPWC collaborates with other stakeholders including Homeward Trust, Edmonton Foodbanks, Alberta Human Services Income Support, Assured Income for the Severely Handicapped (AISH), Indigenous support organizations, the AHS ID Program, and AHS Addiction and Mental Health Services (AMH) in order to provide clients various support services.

As a program funded by AHS, AHS staff also play key strategic and operational roles in Bridge Healing. Currently, two directors at AHS—one from AMH and one from emergency services—are the team leads for the initiative. In addition to advocating to AHS executive leadership on behalf of Bridge Healing, they also provide useful insights, resources, and contacts associated with AMH and Emergency Services. Bridge Healing also involves evaluation staff from Decision Support Services who are responsible for the evaluation of Bridge Healing and planning and implementation staff who are responsible for tasks such as implementing referral processes. Each referring site also has a site champion who is usually a manager of clinical social work. Medical professionals and hospital social workers at AHS also play a significant role in the operations of Bridge Healing by referring patients from the hospital. AHS executive leadership does not play a direct role in managerial decisions but significantly influences the program by approving significant Bridge Healing decisions and providing funding.

Other relevant stakeholders involve people experiencing houselessness who are consulted in some decisions. Bridge Healing has been funded by several agencies including AHS, the Province of Alberta, the City of Edmonton, the Oilers Community Foundation, the Royal Alexandra Hospital Foundation, Lions Clubs International, and numerous private donors. A housing developer experienced in building affordable housing and the Canada Mortgage and Housing Corporation play important roles in building and financing the Bridge Healing facilities, respectively.

The programming of Bridge Healing's community partner (i.e. JPWC) and its partnerships with other service providers will largely determine the quality of the wraparound supports for Bridge Healing clients. Listed below are strongly recommended services and additional services that should be considered for Bridge Healing. These services would be either provided by the community partner such as JPWC or through direct partnerships with other organizations.

Strongly Recommended Services	Other Services for Consideration
Housing Services	Indigenous Cultural Supports
Income Support Services	Community-building/Recreational Activities
ID Services	Employment Recruitment & Life Skills Training Programs
Homecare and Basic Medical Services	Direct Connections to Pharmacies
Addictions and Mental Health Services	
Meal Preparation and Access to Foodbanks	

Step 5: Identify Sources of Funding and Establish Funding Model

Developing a funding model

Acquiring funding is one of the greatest challenges involved in establishing the Bridge Healing facilities and program. As a result, developing a funding model to strategize how to acquire funding is necessary to create a sustainable program.

Before creating a funding model, it is important to clearly differentiate the Bridge Healing programming which is an operational cost and the Bridge Healing facilities which are capital costs. The Bridge Healing programming involves the operation of transitional housing that directly links hospitals to housing. This program can be implemented in the Bridge Healing facilities (which is encouraged in this manual) or it could be implemented in other housing facilities. The Bridge Healing facilities are the affordable housing units themselves. These units can be used for Bridge Healing programming (which is encouraged in this manual) or they could technically be used for other affordable housing programs (in scenarios where Bridge Healing programming no longer exists). Making this distinction is important because some funding sources such as affordable housing grants may fund the affordable housing facilities themselves but may not initially approve grant applications because Bridge Healing uses them for a transitional housing program. Differentiating the affordable housing facilities from the transitional housing program will help funders understand the relevance of their grant. Communicating this difference to grant-providers will require intentional advocacy and thus it may take time to receive grants.

To develop a funding strategy, several key questions should first be answered (Kim et al., 2011). These questions will be helpful in developing a funding plan regardless of which source of funding is pursued.

- Are there similar initiatives in the local region or province which Bridge Healing can learn from or build upon to inform their funding model?
  - > For example, the current Bridge Healing programming in Edmonton is funded by AHS. As a result, communities in Alberta which are under the jurisdiction of AHS can leverage the success of Edmonton's Bridge Healing program to advocate to AHS for funding. Other similar initiatives in other regions that bridge healthcare with housing and social support for patients experiencing houselessness can be found on page 41.
- What type of funding should be pursued? From individuals, corporations/NGOs, or governmental agencies?
  - > Acquiring consistent funding through health services (such as AHS) and government funding at municipal, provincial and federal levels is often the most sustainable. Different avenues for funding are explained in detail below.
- Who determines how much funding is allocated to Bridge Healing?
  - > Identifying these key decisionmakers and advocating to them in a meaningful way is essential to acquiring funding. For example, JPWC utilized Dr. Francescutti's influence and relationships in the medical community to influence key decisionmakers in the provincial government and the Royal Alexandra Hospital Foundation to support Bridge Healing.
- Why do those decision-makers choose to allocate funding to the organization?
  - > Understanding the motivations, goals and eligibility criteria of the funders is important to ensure that they align with the project. Funders may also have particular requirements such as types of community engagement or evaluation processes that need to be considered. For example, many affordable housing grants require that the built facilities remain as affordable housing for a predetermined number of years.

These requirements may differ between grants. These criteria and conditions must be carefully considered when evaluating the long-term outcome of these buildings. In situations where Bridge Healing programming is no longer funded in the future, the buildings themselves must still uphold the original conditions for the facilities' construction.

Avenues for Capital Funding

While each community and its financial considerations are unique, the information provided below about Bridge Healing in Edmonton, AB can be used to inform future programs. The demonstrated success of Bridge Healing in Edmonton, AB and their existing partnerships should be leveraged to gain funding. Currently, the capital costs of building one 12-unit facility are roughly $1.8 million plus the cost of land. There are several avenues described below for pursuing funding to cover these capital costs .

- Provincial Government
  - > Direct Funding: Leveraging the housing and houselessness crisis to directly advocate to the provincial government and its Ministry of Seniors, Community & Social Services may prove useful in obtaining capital funding.
  - > Affordable Housing Grants: Provincial governments often have grants for developing affordable housing such as the Government of Alberta's Affordable Housing Partnership Program. Although the Bridge Healing facilities are used for a transitional housing program, the facilities themselves are affordable housing. As a result, Bridge Healing facilities should be presented as an affordable housing being used for a transitional housing program in order to qualify for the grant.
  - > Supportive Living Housing Grants: Provincial governments often have grants for designated supportive living such as the Government of Alberta's Continuing Care Capital Program. Future versions of Bridge Healing that provide specialized support for patients with complex needs may be eligible for these grants. JPWC is currently requesting that Alberta Health approve the Bridge Healing housing designs as designated supportive living. Once again, this version of Bridge Healing should be presented as designated supportive housing facilities being used for a transitional housing program for people with high-needs.
  - > In 2018, 70% of Edmonton's Bridge Healing's original capital costs were covered by the Government of Alberta through a Senior & Community Support Services grant. The funds were slated for housing that would permanently be supportive housing.
- Municipal Government
  - > Direct Funding: Leveraging the housing and houselessness crisis to directly advocate to the municipal government may prove useful in obtaining capital funding or other equivalent capital such as land for building. Requesting free land is the most effective method of advocating to the municipal government for support because the municipality frequently already owns land.
  - > Affordable Housing Grants: Some municipalities have grants for developing affordable housing such as the City of Edmonton's Affordable Housing Investment Program which funds up to 25% of total construction cost.
  - > JPWC has received over $290,000 through grants and several pieces of land from the City of Edmonton to help cover the capital costs of Bridge Healing facilities. JPWC advocated for this support by directly contacting Edmonton's Housing & Homelessness administration department, speaking at the City Council, and attending city events such as the Edmonton Chamber of Commerce's Emergency Housing Crisis Meeting which the city mayor attended.

[2] *In circumstances where funds to cover the capital costs are unavailable, other existing buildings may possibly be used. However, using these existing buildings may not be as effective because the design of the Bridge Healing buildings is essential to incorporating the Eden Alternative Principle.*

- Health Foundations and Associations
  - > Since health foundations do not usually fund transitional housing, advocacy efforts to health foundations must directly explain the health impact of houselessness and frame houselessness as a public health crisis. Moreover, leveraging the position of trusted medical leaders in your team and their relationships in the medical community can influence health foundations to fund Bridge Healing.
  - > Due to the advocacy efforts of Dr. Louis Francescutti, a renowned physician and medical leader, the Royal Alexandra Hospital Foundation provided funds for the capital costs of the facilities and continues to fund some operational costs.
- Social Serving Foundations & Organizations
  - > Explore local or regional foundations and whether they would be interested in funding Bridge Healing.
  - > During the early stages of development, JPWC received funding from Lions Clubs International and the Oilers Community Foundation.
- Businesses
  - > The business community has a vested interest in addressing the issue of houselessness as it will impact business growth, investment attraction and the city's disorder. Housing developers should be particularly targeted for funding and support because of their expertise in constructing houses and how high-profile projects such as Bridge Healing can gain publicity and improve their company image.
- Private Donors
  - > Private donors are a revenue source that also should be explored to supplement funds. The non-profit can use their existing contacts and methods of fundraising for this project.
  - > During the implementation of the first Bridge Healing facilities, fundraising with private donors contributed to a substantial component of costs. Currently, JPWC is seeking to collaborate with governments and businesses to create a dollar-for-dollar matching program in order to incentivize private donations.
- Affordable Housing Mortgages
  - > The Canadian Mortgage & Housing Corporation (CMHC) and other organizations such as the Social Enterprise Fund provide low-cost mortgages for affordable housing developments. Depending on the demographics and location of the community, other grants may be applicable such as funding for Indigenous housing in on or off-reserve communities or the Federal Lands Initiative where unused federal land is donated for affordable housing. Since these federal mortgage financing options change periodically, please research the availability and qualifications of the most recent grants and loans. These federal loans have both benefits and drawbacks that should be thoroughly evaluated.
  - > Benefits:
    - These mortgages can supplement the funds gained through the funding avenues detailed above and thus allow Bridge Healing construction to begin even before they are fully funded by donations. The time saved in this process may be extremely important in getting Bridge Healing implemented.
    - Affordable housing fund loans are low-cost compared to other mortgages.
    - There is the possibility of receiving a forgivable loan which could be forgiven if you meet the program criteria and targets.
  - > Drawbacks:
    - The building funded through CMHC must remain as affordable housing according to the local municipality's definition for at least 10 years after construction.

- Despite being low-cost, mortgage payments significantly increase the cost of operating affordable housing and thus impact a non-profit's financial sustainability. Moreover, since nonprofit organizations cannot record equity on financial statements, mortgages will impact the perceived financial status of the organization.
- If funding for the operation of Bridge Healing programming is discontinued and the facility is operated as regular affordable housing, the mortgage will increase the operating cost of the building. Consequently, even though this affordable housing will still be more affordable than market housing, the rent may still be unaffordable for the most needy members of society.

> Ultimately, when deciding on whether or not to get a mortgage for the building, a social serving agency needs to evaluate its financial status, its willingness to accept the risks of mortgages and its desire to build Bridge Healing facilities promptly.

Avenues for Operational Funding

- Sources of funding presented above
  > Sources of funding such as private donors, businesses, governments, and health foundations can also be capitalized to gain operational funding.
- Local Health Services (AHS)
  > Although individual donors and grant funding are useful, acquiring consistent funding through health services (such as AHS) is necessary to ensure the sustainability of Bridge Healing.
  > When negotiating funding contracts, thoroughly examine the needs of referred patients and the costs associated with meeting these needs. Patients with less complex needs or with planned healthcare needs that can be adequately addressed by AHS homecare may only require support workers who have less training. Thus, staffing expenses will be lower. However, if there are more complex and unplanned healthcare needs such as dementia, psychosis, or violence, nurses or crisis support workers who have more training than support workers will be required. In conditions of mental illness, these nurses or crisis support workers may need to be directly involved in maintaining the conditions of patient's Community Treatment Orders (CTOs). Having these staff available on-site will increase staffing costs and thus require more funding.
  > Currently, the Bridge Healing facility established a 2-year contract with AHS for $80 per bed per day, even though the true costs are about $100 per bed per day. The shortfall is currently supplemented by the Royal Alexandra Hospital Foundation, though conversations are being held to increase the funding provided by AHS. These funds also do not fund the cost of housing workers who are funded by Homeward Trust Edmonton, nor does it adequately fund the support necessary for patients with more complex needs. Bridge Healing facilities with patients who have unplanned social and healthcare needs would require funding over $160 per bed per day[3].

Advocacy for governmental or health services funding

For communities in regions such as those in Alberta with Bridge Healing programming that have funding, it is best to leverage the success of existing Bridge Healing programming to seek funding. Yet, for communities in regions without existing Bridge Healing programs, it will be necessary to build new relationships to advocate for funding from governmental or health services. When doing so, consider these questions:

- Are we willing and able to cultivate strong relationships with government decision-makers who will advocate change?
  > Having individuals in the Bridge Healing implementation team who have existing ties to governmental and health service decision-makers will improve the outcome of these advocacy efforts.

[3] *Please note that the analysis which resulted in these numbers is context-specific, and analysis for each community will need to consider their local context.*

- Can we explain how Bridge Healing is an innovative approach that surpasses the status quo (in impact and cost) and is compelling enough to attract government funders, who tend to gravitate toward traditional solutions?
  - > Since transitional housing is not new, it is essential to highlight the innovation of how Bridge Healing directly links medical services with transitional housing. In doing so, Bridge Healing improves the medical and social outcomes of patients experiencing houselessness and reduces the strain on emergency departments.
- Can we provide government funders with sufficient evidence that Bridge Healing works?
- At this time, are there sufficient pressures on the government to overturn the status quo and implement innovative ideas such as Bridge Healing?
  - > Understanding the priorities of governments and services and societal concerns will help tailor advocacy messaging to be more meaningful.

Budgeting

Future Bridge Healing programs should conduct a detailed financial analysis, describing how funds will be used. Several budgeting categories used in the operational budget for the Bridge Healing program at JPWC are listed and described below. Use these categories as a template and include cost categories based on your unique context.

- Labour – the wages, CPP and EI contributions of on-site support workers and site managers.
- Occupancy – the mortgage payments (if necessary).
- Property Tax
- Food – food is purchased for clients, though some food can be acquired at local food banks.
- R&M (Reliability & Maintenance)
- Utilities
- Janitorial Services
- Waste Removal
- Insurance
- Supplies – supplies for daily living such as toiletries, bedding, kitchen supplies, etc.
- Internet
- Administration
- Data Collection
  - > JPWC had to install and maintain a separate data storing system that was more secure than JPWC's existing system in order to abide by the privacy policies of AHS.

Other budgeting categories that could be included are:

- Research & Evaluation
  - > Currently, AHS is designing and implementing the evaluation of Bridge Healing. Future programs will need to determine how the evaluation will be funded. Funding research and evaluation is important as it gives Bridge Healing greater legitimacy, especially in the academic, governmental and health services communities.

Step 6: Perform Community Engagement

Performing community engagement is essential in the successful implementation of Bridge Healing. Not only is engagement required by some jurisdictions for affordable housing, but it also ensures that we understand the values, goals, and concerns of the neighbourhood.

By understanding these factors, Bridge Healing can better build trusting relationships, educate neighbours, and adapt programming to better integrate into the community and ensure its sustainability. As previously mentioned, community engagement may not be a discrete step but may be a continuous process throughout the implementation of Bridge Healing.

The following paragraphs briefly describe step-by-step guidelines for the community engagement process. Appendix #3 lists several resources that informed this community engagement strategy and more comprehensively describes community engagement and ways to address "Not in My Backyard" (NIMBY) beliefs (Mac Neil, 2004).

1 Acquire Land

- In some settings, it would not be productive to engage the community without first acquiring the land and ensuring that it is reasonably certain that the project will be implemented. In other settings, if the goal is to have community members actively engaged throughout the process, earlier engagement with specific stakeholders such as community leaders may be needed. In the original Bridge Healing, JPWC purchased and is the sole owner of the land used to build the facilities.

2 Perform Background Research

- First, this involves understanding the legal and quasi-legal standards involved in community engagement such as municipal processes, standards of conduct, and the basic human rights of people experiencing houselessness.
- Second, it involves understanding the local Land Use Bylaws, statutory plans, and development guidelines for affordable housing developments.
- Third, identify aspects of the project plan that are non-negotiable (needs) and those that are negotiable (wants). For example, housing people experiencing houselessness who also use substances is non-negotiable because of Bridge Healing's mission to be low-barrier and because of people's right not to be discriminated against due to their housing or substance-use status. On the other hand, factors such as the implementation timeline or the management of the property may be negotiable.

3 Examine Current Operations and Planning

- Examining the current operations of the organization that is implementing Bridge Healing and ensuring any problems are fixed will ensure that the organization is reputable. A positive reputation will significantly improve your community engagement efforts.
- A few questions to ask are:
  - > Are all your permits and licenses in order?
  - > How well-managed and maintained are your existing facilities?
  - > What are the risks associated with your clientele? What policies do you have to mitigate those risks?
  - > What is your track record? How have you dealt with problems in the past?
  - > How are your relationships with your neighbours and community? What is the reputation of your community and staff?

4 Anticipate Concerns

- Anticipating the concerns of the community will allow you to prepare answers in advance to address their concerns. Approaching several community leaders who support or do not support Bridge Healing will help to better understand the community's values, beliefs, and potential concerns.
- Most concerns of the neighbourhood fall into the 6 categories below. "'NIMBY' to Neighbours" describes these concerns in more detail and provides evidence-based information to address these concerns (Greater Victoria Coalition to End Homelessness, 2019).
  - > Negative impact on the surrounding property value
  - > Increase in crime and feelings of unsafety
  - > Congestion and infrastructure strain
  - > Undermining neighbourhood character and aesthetic appearance
  - > New residents who do not share similar values, behaviours or social norms
  - > Feelings that the community has its 'fair share' of affordable housing
- Examine community concerns through a human rights lens, recognizing that marginalized populations have the same rights to housing and personal choice as other residents. Thus, we must distinguish legitimate opposition from discrimination based on factors such as race, mental illness, socioeconomic status, etc. Moreover, discriminatory beliefs and/or planning policies must be exposed and challenged to promote equity for marginalized members of society. For example, policies forcing builders to develop a "Good Neighbour Plan" for affordable housing but not market housing reinforces a discriminatory stereotype that residents of affordable housing are more prone to disruptive behaviour and thus require different and more extreme interventions (Sheloff, 2024).

5 Develop the Engagement Strategy

- External Participation: Assess whether community engagement should be developed and implemented by an external consultant. Recognize the cost, feasibility, strengths and experience of internal staff compared to external consultants.
- Communications: Keep the lines of communication open to prevent misinformation. Identify key messages to communicate to the community. Build trust with the community and maintain a positive reputation.
- Education: Build evidence-based rationale for Bridge Healing and its contribution to the community. Identify potential controls, practices or policies that could address community concerns.
- Community Engagement: Create various opportunities for community members to provide feedback. Attract community participation by providing free childcare, food, door prizes, etc.

6 Implement the Community Engagement Strategy

- Engage with respected community leaders such as elected officials, representatives of local businesses, community association members or social service agencies who are in favour of Bridge Healing, especially if you have pre-existing relationships of trust. If these individuals are credible and respected community leaders, first securing their support will create a positive profile for the community engagement efforts.
- Start engaging a small group of community leaders to learn more about the community and refine messaging to address the community's concerns. JPWC first consulted the board members of the local community league. Small group activities such as neighbourhood teas or focus groups allow for deeper dialogue and relationship-building in a safe non-judgemental setting.

- Once having a deeper understanding of community beliefs and a solid coalition of support, you can consider large-scale activities such as community workshops or educational forums for the broader community. JPWC hosted an open house where community members toured the Bridge Healing facilities, asked questions, expressed their concerns, and learned more about the value of Bridge Healing. Avoid town halls where open dialogue exacerbates fears and stigmatizing beliefs, thereby creating destructive debates and causing people to become entrenched in their views.

Step 7: Develop a Program Governance Structure

Developing a program governance structure is essential as it defines structures of communication and decision-making processes. This ensures that there is greater accountability and processes to help manage program issues. Developing a program governance structure can be summarized in a few steps.

1 Identify the Program Stakeholders

First, create a stakeholder map similar to figure 3 that outlines the key stakeholders. Determining their authority, their involvement in the program, and their expectations will be useful in determining potential sources of support, conflict and need for involvement in programming.

2 Define the Program Governance Roles

Second, a program governance team with clearly defined roles and responsibilities is important to provide oversight and guidance of the program's operation. This is separate from the implementation team described in Step 1, though key players may overlap.

The current Bridge Healing program governance team (figure 4) and their roles include:

- AHS Co-Team Lead (AMH Director)– leading the Bridge Healing initiative and liaising with AHS executive leadership
- AHS Co-Team Lead (ED Director)– coordinating initiatives in EDs across AHS Edmonton Zone
- AHS Planning & Implementation Managers – providing support in implementing initiatives in the healthcare system
- AHS Evaluation Staff – implementing the evaluation of Bridge Healing
- AHS Site Champions– providing insight into referral processes in the hospital and liaising with clinical social workers and other hospital staff
- JPWC Site Leads – providing updates on Bridge Healing operations and communicating program changes to Bridge Healing support workers

3 Establish the Program Governance Processes

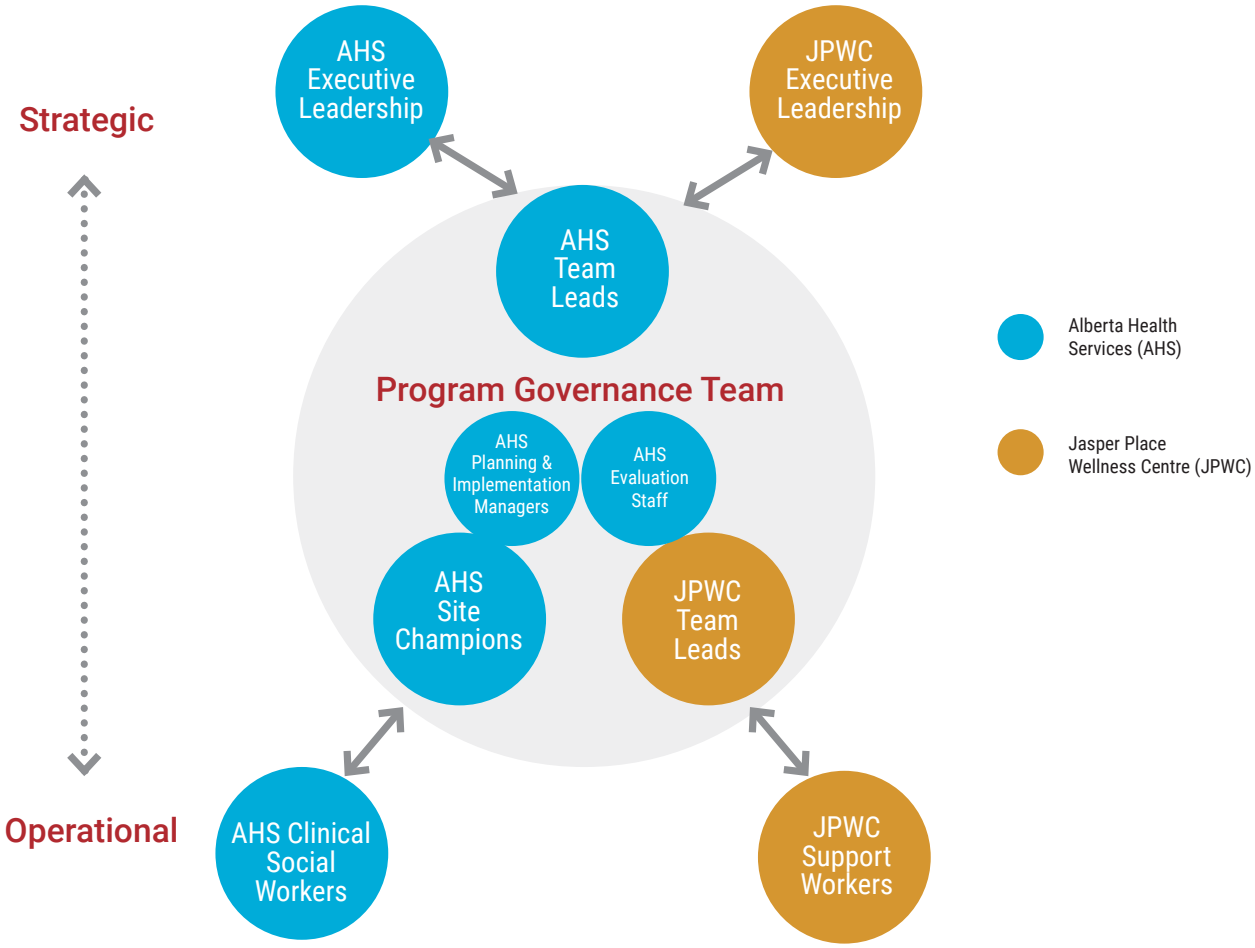
Third, establish processes of program governance which may include communicating between agencies, notifying the team of challenges, developing methods of addressing these challenges, and updating members of any changes in programming.

Currently, the Bridge Healing program governance team meets weekly for 30 minutes. After providing some program statistics for evaluation purposes, the JPWC site leads and hospital site champions raise operational challenges which are collectively addressed. Additional stakeholders are invited to some

meetings to address challenges outside the scope of the team. AHS team leads also provide important program updates such as onboarding new hospitals and upcoming programming changes to the team. JPWC site leads and hospital site champions relay necessary information to their operational teams in the Bridge Healing facilities and hospitals, respectively. The AHS team leads are the liaisons with the AHS executive leadership. AHS team leads and JPWC site leads are the liaison with JPWC executive leadership.

Figure 4

Program Governance Team of Bridge Healing and its Communication Structure



4 Align the Program Governance with the Organizational Governance

Fourth, the program governance needs to be aligned with the vision, values, and strategic direction of the entire Bridge Healing initiative. This involves receiving the endorsement of senior management at JPWC and AHS.

Step 8: Develop Resource Plan

Required Resources

Various factors must be considered when implementing a transitional housing program within and across jurisdictions. Within each jurisdiction is a specific set of requirements that dictate the uptake and long-term success of housing initiatives similar to Bridge Healing, and a thorough assessment of resources and partnerships is required.

1 **Funding Resources**

Financing in the form of grants, community partnerships, mortgages and/or collaboration with private sectors is necessary to develop Bridge Healing. Additional details are described in step 6.

2 **Legal Resources**

Inspection, permits, and licenses. These will be very specific for the individual jurisdictions the community resides within.

3 **Staffing Resources**

The numerous roles and positions that are required for the operation of the Bridge Healing program are described in the stakeholder map (figure 2).

4 **Policies**

- Data sharing agreement between health services and the community partner
- Housing intake checklist and guest expectation guide
- Policy for pathways for searching for permanent housing
- Policy to prevent violence to staff and clients
- Policies for addressing common health challenges (Shigella, body lice, flu, suicidal ideation, etc.)

5 **Physical Resources**

- Land: Local advocacy could convince the local municipal government to donate land for this cause.
- Construction Designs & Supplies

6 **Additional Resources**

- Household items required for operations, such as toiletries, kitchen appliances, bedding, etc.

Step 9: Implement Plan

Construction of Facilities

Constructing the Bridge Healing facilities is an important stage which significantly influences the implementation timeline. The timeline from purchasing to occupancy should be about 1.5 to 2 years though it is heavily influenced by numerous factors such as the municipality's regulations. It could take up to a year to just get permission to build because of bureaucracy and regulations.

For example, JPWC took over a year seeking a zoning variance to allow housing with multiple tenants to be built in the neighbourhood. These timing delays and bureaucratic challenges can increase housing development costs, impacting the financial sustainability of the project. Therefore, as previously listed, it is important to ensure that legal resources such as inspections, permits and licenses are acquired in advance to prevent delays.

Moreover, hiring a housing developer who is experienced in navigating these challenges is extremely important. A few considerations when selecting a housing developer are:

- Experience in building affordable or assisted living housing:
  - > Compared to market housing, affordable housing has unique regulations. These regulations also differ according to the municipality. These regulations may pose very significant challenges which would significantly increase the cost and time required for development, especially if the developer is unfamiliar with navigating them. These challenges can compromise the Bridge Healing initiative. As a result, finding a housing developer who understands the local regulations for affordable housing and is experienced in overcoming these challenges will expedite Bridge Healing's implementation.
- Timeliness
  - > There are numerous factors impacting the timeliness of construction such as the process of navigating municipal bureaucracy (mentioned above) and the method of construction. JPWC built the housing offsite before assembling it on site which took much shorter than the traditional stick-built construction. Ensuring construction is finished in a timely manner is particularly important if the construction is financed through a mortgage because of the mortgage's additional financial strain.
- Promotes Social Good
  - > The Edmonton Bridge Healing buildings were designed and constructed by female Indigenous trade workers and designers. Using a social enterprise housing developer that sought to empower Indigenous women in their careers not only ensured that the outcome of the buildings (the Bridge Healing program) promoted social good but also the process of constructing the buildings supported Indigenous reconciliation efforts.

Referring Patients to Bridge Healing

Since Bridge Healing is a collaboration between hospital emergency departments and transitional housing, sufficient communication and integration between these two units is essential for success. As a result, developing clearly defined eligibility criteria, referral processes, methods of educating individuals involved in referrals, and a feedback mechanism to improve referrals is essential.

Eligibility

Clearly defining eligibility for referrals is essential to ensure that Bridge Healing is utilized by the intended population and that Bridge Healing staff can adequately meet their needs.

The current criteria for eligibility are:

- 18 years of age or older.
- Self-identified as being without housing.
- Willing to reside individually and does not have a pet that requires accommodation.
- Indicate a desire to actively work towards finding permanent housing.
- Able to safely reside in a communal building without the monitoring of a site-based regulated health care provider.
- Is not acting in a threatening manner which poses risks to staff or other clients that cannot be managed by Bridge Healing staff .
- No active medical, surgical, or psychiatric concerns that warrant hospital admission (i.e. the patient is being discharged from the emergency department).
  - > People with conditions that need periodic planned healthcare services are eligible because Bridge Healing can coordinate visits from homecare or other health service providers. However, patients with unplanned health needs that require continual health services are not eligible because Bridge Healing staff do not have medical training.
- Ability to live independently: use the restroom, manage medication, ambulate independently and perform other activities of daily living.
  - > This criteria involves ensuring the individual has physical and cognitive capability to perform daily tasks.

Establishing criteria that are too high will prevent Bridge Healing from achieving its intended purpose of being a low-barrier option for the most marginalized members of the unhoused population. For example, patients with body lice or Shigella, though they are contagious, may be adequately managed in Bridge Healing. However, Bridge Healing staff must receive adequate education, resources and protocols to support these clients. On the other hand, admitting patients with needs that are too high will prevent these patients from receiving adequate care. This will impact the ability of Bridge Healing staff to support them in finding long-term housing and possibly lead to unplanned discharges from Bridge Healing. For example, patients with psychotic behaviour should probably not be referred because of the Bridge Healing staff's inability to manage such mental illnesses. In the future, different levels of Bridge Healing could be designed to help patients with different levels of care needs.

A Bridge Healing referral information sheet, which is used by referring social workers and healthcare professionals to inform the patients and determine their eligibility, is included in Appendix #5.

Data Sharing Agreements

It is essential to discuss and develop a data-sharing agreement between health services and the community partner in order to respect the privacy policies of each organization. A Privacy Impact Assessment (PIA) should be performed to identify and address potential privacy risks with Bridge Healing and its referral processes. Depending on the data sharing and storing agreements, additional technology and/or procedures may need to be installed which would require additional funding, time and training for Bridge Healing staff.

Currently, Bridge Healing staff do not access the personal health information of the clients that they serve. However, since Bridge Healing is operating as an AHS program, the data collected by Bridge Healing is classified as health data according to AHS policy. This data includes case management notes which are also used in

evaluation processes. As a result, JPWC had to install and maintain a separate data storing system that was more secure than JPWC's existing system. Moreover, the Strata Health system has not been implemented yet, in part, because it currently does not abide by the PIA of AHS.

Referral Process

When implementing a referral process, a few questions to consider are:

- What is the current procedure for discharging unhoused patients? How can referrals to Bridge Healing be integrated into the existing system?
- Will referrals be made by one type of provider and/or from one department (e.g., emergency department), or can referrals be made throughout the hospital? Specify exactly who can refer patients to the program.
- Are social workers available in the hospital and, if so, do they have the capacity to take on this additional role? If not, are healthcare professionals able to complete this role?
    > Clinical social workers are ideal for referring to Bridge Healing because of their knowledge and training in assessing their social needs.
- Once referred, how will patients be transported from the hospital to Bridge Healing? Will transportation be provided from the hospital, what are the associated costs, and how will those costs be addressed?

During the referral process, the clinical social worker will first assess the patient's suitability for Bridge Healing using their clinical expertise and criteria found in Appendix #5. If suitable, the hospital social worker will call Bridge Healing to check the available capacity. The social worker will then discuss the potential referral with the patient and, if the client consents, a referral will be submitted through RedCap. RedCap is being used for Bridge Healing referrals to record referral data for evaluation purposes. JPWC then reviews the referral and either declines the referral source with a justifiable reason or accepts the referral. Assuming the client meets the admission criteria and is suitable for Bridge Healing, clients are admitted on a first come first served basis rather than implementing a triage assessment process. If a local triage assessment process exists, this may be implemented assuming it is equitable and non-discriminatory. The hospital social worker then arranges the client's transportation to the Bridge Healing site. Due to the fear of the unknown, clients may decide to change their decision in transit and thus may not arrive at Bridge Healing. To address this challenge and reassure clients, referral staff should provide sufficient information, visuals, and testimonies about the Bridge Healing program and facilities.

In the future, Bridge Healing is planning to be integrated into Strata Health which streamlines the referral process. Using this platform, referring social workers can view the availability of Bridge Healing units without first calling Bridge Healing. However, calling JPWC staff before sending a patient to Bridge Healing units should still be required to give JPWC staff advance notice of the client's arrival.

New Bridge Healing initiatives in Alberta that are collaborating with AHS should utilize this existing Strata Health system while initiatives in other provinces may need to examine how Bridge Healing referrals can be integrated into existing platforms in their healthcare system.

Currently, all referring hospitals at the existing Bridge Healing have clinical social workers who are primarily responsible for referrals to Bridge Healing. Ideally, social workers are solely responsible for referrals considering their training and competencies to assess the client's eligibility for housing and nurses' limited capacity. Utilizing clinical social workers will enhance patient experience and the success of referrals. However, in settings where clinical social workers are not available, charge nurses could be responsible for this referral process assuming they have capacity and are sufficiently trained.

Site Onboarding Process

Educating staff at onboarding referral sites about Bridge Healing and its referral process is crucial to building commitment from the site and ensuring staff can effectively refer patients. Education resources and presentation slides can be shared by the existing Bridge Healing team in Edmonton for future onboarding sites. This education includes the problem Bridge Healing addresses, Bridge Healing and its program objectives, the referral criteria and the details of its referral process.

The site onboarding process involves the following six steps:

1. Verify desire to onboard the new hospital referring site
2. Identify site champions (social worker, physician or leadership staff)
3. Site champions receive training on processes and meet the Bridge Healing program governance team
4. Site champions educate front-line teams and develop site-specific workflows
5. Site champions begin to attend weekly project meetings
6. Site champions and the Bridge Healing program governance team establish a launch date

Feedback/Improvement Mechanism

When patients are inappropriately referred or are discharged unplanned, communication between hospital staff and Bridge Healing support workers is essential to learn from this experience and improve the referral process. These discussions often occur during program governance meetings. A few questions to discuss include:

- Did the patient meet the eligibility criteria?
- Is there a need for greater clarity or education for the referral staff about the eligibility criteria?
- Is there a need for greater communication between hospital staff and Bridge Healing staff about the needs of patients so that Bridge Healing staff can better support them?
- What external resources or services could have been utilized by Bridge Healing staff to better support these clients?

Note: When a patient is discharged unplanned from Bridge Healing, it is a common tendency to introduce eligibility criteria to select ‘easier’ patients that are more likely to find long-term housing. These barriers should be avoided at all costs. Bridge Healing should instead seek to find ways of finding the necessary support for these individuals.

Step 10: Develop and Implement Evaluation Framework

Although evaluation of the original Bridge Healing has demonstrated its effectiveness, each Bridge Healing program should be evaluated to demonstrate its effectiveness in its specific community and to improve the operations of that particular Bridge Healing program.

The goals of the program should be clearly established when first implementing Bridge Healing. Therefore, although evaluation occurs after Bridge Healing begins operating, the evaluation framework should be developed throughout the implementation process. Doing so will ensure that evaluation efforts are prioritized and embedded in the program operations.

Developing effective evaluation involves 4 interdependent steps. Although these steps may be encountered in a non-linear sequence, an order exists because earlier steps provide the foundation for subsequent progress.

1 Engage Stakeholders

Regular consultation with the relevant stakeholders while developing the evaluation framework is essential in order to better understand their priorities and perspectives. The 3 broad categories of stakeholders that should be consulted are those involved in program operations, those impacted by the program, and the primary users of the evaluation. In the Bridge Healing context, these primary stakeholders should be consulted:

- Frontline staff and managers of JPWC (or other organizations operating Bridge Healing)
- Clinical social workers or other clinical personnel who refer clients
- Clients of Bridge Healing
- Funders of Bridge Healing
- Leaders of the Bridge Healing program

One of the challenges to anticipate is disagreement among the numerous stakeholders involved in Bridge Healing regarding the criteria of 'success' and their relative importance. Health services such as AHS often heavily emphasize criteria focused on the effectiveness of the referral process in the ED, the efficiency of Bridge Healing, and the reduction of health services utilization. As a result, they prioritize indicators such as the number of patients referred to Bridge Healing, the number of client stays below 30 days, and the percent reduction of health services utilization. Other funders may also have different priorities that will influence the sustainability of funding. The social service agency that implements Bridge Healing may also have certain priorities such as client satisfaction, the number of activities performed in the client's transition plan, etc.

Even though these criteria of 'success' are good, it is ultimately essential to approach evaluation from a patient-centred perspective. What are the goals of the clients and how has Bridge Healing supported them in pursuing these goals? These goals will differ between clients. Moreover, getting some clients housed in under 30 days may not be feasible considering their needs. Thus, the evaluation framework needs to recognize the diversity of clients' goals and better evaluate 'success' from the patient's perspective.

Regular consultation with the relevant stakeholders while developing the evaluation framework is essential to better understand their priorities. In doing so, the evaluation framework can incorporate certain metrics to appease stakeholders while still maintaining a patient-centred approach.

2 Describe the program

Describing the program is essential so that there is a common understanding of Bridge Healing's mission and specific objectives. As mentioned above, each stakeholder may have different perspectives. Thus, these discussions will help reveal people's understanding and facilitate fruitful dialogue which will be the foundation of subsequent decisions about evaluation. A description of the Bridge Healing program should include:

- Stage of Development
  - > The initiative's stage of development, such as being recently founded or having operated for several years, will inform the evaluation design and purpose.
- Goals of Bridge Healing – These may include but are not limited to:
  - > Providing clients with a reliable source of temporary housing for clients following ED discharge
  - > Supporting clients in achieving personal goals of being transitioned to suitable service/location
  - > Decreasing health services utilization among clients
  - > Client satisfaction
  - > Staff satisfaction
- Logic Models
  - > Logic models are useful diagrams to succinctly summarize the inputs, activities, outputs and expected outcomes of a program.

While describing the program, take into consideration the varying degrees of 'success'. For example, even though a client may not have been "successfully" discharged to long-term housing, Bridge Healing may have provided them temporary shelter and safety and helped them access various health and social services. This may still be somewhat "successful" even though the desired outcome of permanent housing was not achieved. In addition to differentiating planned discharges (i.e. finding permanent housing) from unplanned discharges (i.e. a client abandoning their unit), it is also important to determine where these clients were relocated. For example, someone may have had a planned discharge not to permanent housing but to a friend's house.

3 Focus the evaluation design

Focusing the evaluation design will ensure that the evaluation assesses the most significant issues efficiently and effectively. This involves clarifying several things including:

- Purpose of the evaluation
  - > Formative evaluations provide feedback on how to better achieve goals while summative evaluations provide judgements on the extent of goal achievement. Depending on the purpose of the evaluation, the evaluation results would be used in several ways including to gain insight into Bridge Healing, to improve practices to better support clients or staff members, or to assess the effects and demonstrate Bridge Healing's effectiveness to funders. Ideally, several forms of evaluation should considered in the first several years of implementation.
- Users of the evaluation
  - > Determining the users of the evaluation such as members of Bridge Healing or funding bodies will significantly impact its design. Consulting external stakeholders such as funders who are requesting evaluation results is essential so that their goals for the evaluation are better achieved. Doing so will ensure that the evaluation results demonstrate effectiveness in ways that are meaningful to these decision-makers, thereby assisting advocacy efforts for continued funding.
- Evaluation questions & indicators
  - > Developing evaluation questions and indicators that assess Bridge Healing's objectives will help determine which components of Bridge Healing are most important to evaluate.

- Methods
  - > The specific study design and the type of data collected (qualitative versus quantitative) should be chosen based on the stakeholders' views on what counts as sufficient evidence and the purpose of the evaluation.

4 Gather and analyze credible evidence

There are several sources of data which could be utilized to evaluate Bridge Healing including:

- RedCap forms used to refer patients from the ED to Bridge Healing
- Health records of patients (Connect Care is used in Alberta)
- JPWC records of clients and their progress at Bridge Healing
- Surveys or interviews for staff and clients

Considering the process of gathering and analyzing information, it is important to consider who will be gathering and analyzing the data. What is their capacity and expertise? Recognizing the capacity of the organization and the individuals involved will ensure that the evaluation is feasible. The Decision Support Services at AHS were the primary driving force that led the evaluation efforts.

Additional resources on developing evaluation frameworks can be found online at the website of Centers for Disease Control and Prevention (2017). Since Bridge Healing's evaluation reports were developed by AHS, reports and evaluation frameworks can be requested from the AHS team leads. These evaluation reports and frameworks can be used or adapted to each program's needs.

Step 11: Disseminate Evaluation Results and Integrate Learnings

Sharing evaluation results, both formative and summative, is important to improve the Bridge Healing initiative, strengthen stakeholder partnerships, and advocate in the broader society. A few stakeholders to consider sharing knowledge include:

- Internal Team: Sharing evaluation results with everyone within Bridge Healing not only reveals how their work is meaningfully impacting unhoused individuals, but intentional internal discussions are necessary to build upon successes and develop ways to overcome challenges.
- Funders & Other Stakeholders: Sharing summative results helps strengthen stakeholder relationships and advocate for additional funding and resources.
- Other Bridge Healing Initiatives: Sharing formative and summative results with other Bridge Healing initiatives enables them to learn from your experiences and hear their insight about how to better improve your initiative.
- Media: Summative evaluation results should be shared through media such as news agencies to raise awareness of the need for Bridge Healing and garner support among the public, institutions and politicians.

Successful knowledge exchange will display The Five Cs of Knowledge Exchange:

- Clear: a message is easy to understand
- Concise: a message is easy to read
- Consistent: a message is related to information that is consistent with other existing information
- Compelling: a message offers something that commands attention
- Continuous: a message has follow-up to make sure it is not forgotten or overlooked

Impact of Bridge Healing

Demographics

Individual level

Unhoused individuals discharged from the emergency department to Bridge Healing are the primary beneficiaries of this transitional housing program. People experiencing houselessness have poorer health outcomes, less access to healthcare, and are hospitalized more frequently than housed individuals with similar health conditions (O'Leary, 2016). Additionally, unhoused patients have a greater likelihood of readmission when discharged to a shelter or houselessness, when compared to those discharged to stable housing (Doran et al., 2013).

By discharging patients into a safe and stable environment with wrap-around support services, Bridge Healing aims to address the underlying causes of houselessness. Recognizing the heterogeneity of the houseless population emphasizes the importance of tailoring programming to the specific health and social needs of each client of Bridge Healing. In doing so, residents can establish connections with the necessary supports, which address housing and income resources, as well as physical health, mental health, and substance use services that best align with an individual's unique circumstance.

Institutional / Organizational level

Bridge Healing aims to alleviate strain on the acute care system by enhancing partnerships with community-based organizations to improve the integration of care. A comprehensive systems-level approach is used to address social and health inequities that perpetuate houselessness. Preventative and rehabilitative services are prioritized by strengthening community networks that connect individuals with the appropriate resources for continuity of care. Reframing housing as a health intervention therefore improves health system efficiency and lessens the moral distress of healthcare professionals experienced when discharging unhoused patients. Healthcare professionals, health administrators, and social support workers indirectly benefit from the integration of care by distributing the responsibility and accountability of managing the complex needs of unhoused individuals across various domains.

Benefits to Target Populations

Bridge Healing has the potential to offer wide-reaching benefits within a community as well as to various levels of health and social systems. In the next section, we will highlight some of the benefits derived from the implementation of this program.

Health Impact

Person-centred care is a foundational concept of Bridge Healing that ensures clients receive high-quality and compassionate health and social services which integrate autonomous and dignity-driven decision-making. It is important to acknowledge the disproportionate representation of Indigenous peoples impacted by houselessness. Bridge Healing is committed to working in partnership with Indigenous peoples to facilitate a safe environment that offers culturally oriented services. At the core of Bridge Healing is a sense of community and communal living which is established through incorporating the values of the Eden Principle; specifically, clients are instilled with a sense of self-esteem and belonging that improves overall mental health and wellbeing. Additionally, Bridge Healing recognizes the impacts of climate change on population health and aims to design each building with the infrastructure to be net zero.

Health Workforce Impact

Distribution of services across multiple domains alleviates the burden on healthcare systems, emergency departments, and healthcare workers in addressing the complex health and social needs of unhoused individuals. The integration of care through a transitional housing program would reduce the moral distress of healthcare workers by providing tangible opportunities to discharge patients into a safe and stable environment with continuous care. In doing so, healthcare workers are empowered to utilize resources, such as Bridge Healing, that aim to address the root causes of houselessness while establishing a world-leading precedent for excellence in care. This standard allows healthcare workers to learn and practice in environments that acknowledge the need for compassionate and person-centered care where no patient is discharged from the emergency department back into houselessness.

Health System Impact

A proactive and innovative approach to health system improvement is achieved through the integration of care between regional authorities, emergency departments, and community-based organizations. Bridge Healing prioritizes the continuity of health and social care by enhancing partnerships across various levels of the health system. Partners work collaboratively to provide patient-centred services that are contextualized to the specific health and social needs of each individual. By providing community-based care delivery models, individuals experiencing houselessness can access high-quality wraparound services that offer ongoing support. Addressing the primary drivers of houselessness through the seamless integration of care relieves the immediate pressures on acute care resources and service delivery, thereby improving the overall quality and efficiency of the broader health system.

Lived and Living Experiences

Although peer-reviewed research and numerical data help demonstrate the impact of Bridge Healing, stories from both clients and clinicians contextualize this information and humanize the experience of utilizing transitional housing programs such as Bridge Healing.

Client Story

A client shares their story of how Bridge Healing not only connected them to appropriate social resources and long-term housing but also transformed their self-image and emotional wellbeing:

"I was one of the first three people at Bridge Healing after being kicked out of my brother's house. We got in a fight because of my drinking habits. I ended up in the hospital. When I was in the hospital, I was hoping and wishing for a miracle. I thought I was going to end up homeless or on a mattress in a shelter. Right after I got a doctor who looked like God, he told me he had been working with a program he thought I would be a good fit for. I don't even believe in God, but he answered my prayer.

I was hesitant at first to go into a transition home - I didn't know what to expect, and I was terrified. I was welcomed with open arms around 2 am. When I pulled up in the taxi, I could not believe how nice the place was. The building smelled fresh and clean. The staff led me to my room, and it was the miracle I had been asking for a private bathroom, a private suite, a lock on my door, and new sheets and blankets. The staff were softly spoken and genuinely seemed to care. They did not push judgment on me for why I was there. I had just lost my wife, dog, apartment, and self-respect. But when I was shown where I would stay, it helped me feel human again. I slept very well because I felt a sense of safety when I was there. The staff assured me they would help me get on my feet, and that's exactly what they did for me.

With their support and patience, I was able to find meaningful employment and seek help from professionals that I was in dire need of. I never worried about going hungry. Bridge Healing gave me a sense of security. I was there for 70 days and would not change anything about that place. I made friends with staff and other clients. I realized how similar our lives were in the community despite our stories being so different. It changed how I look at the community and how human we are. I want to thank the staff from the bottom of my heart for listening to me, supporting me, and helping me realize my potential. They never gave up on me, and now I won't give up on myself. I'VE GOT THE BRIDGE FEELING."

Clinician Story

An emergency physician with extensive experience treating and discharging patients experiencing houselessness from the Royal Alexandra Hospital Emergency Department shares how Bridge Healing has impacted them:

> *One of the worst parts of being an emergency healthcare provider is not being able to meet the most basic needs of our patients who are experiencing homelessness. These men and women who find themselves alone, desperate for help are often turned back onto the streets or to shelters that do not meet their basic needs. Homelessness is a health issue, and we need to change our complex systems to better meet the needs of the patients and not the needs of the system. Bridge Healing gives all healthcare providers some hope that we can better address the care deficit in front of us. Being able to immediately house and support a patient experiencing homelessness is the best antidote to the moral burnout we otherwise feel. We long for the day when every patient who wants a new start to their lives can be immediately provided a Bridge Healing bed no matter what emergency department they present to. That is the dream that keeps us going.*

A clinical social worker similarly shares how Bridge Healing has impacted them and their practice:

> *Having access to Bridge Healing to support a vulnerable patients discharge, has been an invaluable resource. As a social worker in the Emergency Department, I am constantly trying to find appropriate and safe places to send our patients. Knowing that I can offer this has significantly reduced the stress I feel when helping our houseless population. It can be morally distressing when we send patients out in the community, but because of the resources provided at Bridge Healing, I know that patients will be helped in meaningful ways. In the 17 years I have worked in the ED, this has been one of the most hopeful and significant interventions we have had access to.*

3 Adaptation and Applications

Adaptations and Applications

As described throughout this framework, the core tenets of Bridge Healing are global and applicable to varying and diverse communities. Below, we will briefly highlight some of the necessary considerations to meet the unique needs of different client populations. To achieve meaningful implementation of Housing First initiatives, thoughtful and extensive collaboration with the community, key stakeholders, and equity-deserving groups is necessary.

Rural and Remote Communities

Individuals experiencing houselessness in rural and/or remote communities have distinctive experiences from those in urban communities. Coordination in rural communities varies based on the understanding of Housing First as an approach, availability of affordable housing, funding, resources, and expertise (Schiff and Turner, 2014). Unique challenges include scarcity of multi-unit dwelling buildings, barriers to generating interest to build amongst developers, lack of social support/infrastructure, and accessibility (transportation, internet, maintenance needs of rural properties) (Schiff and Turner, 2014). Due to the lack of affordable housing in rural communities, implementing the Bridge Healing transitional housing program may not be best because clients may not be able to become connected to permanent housing that sufficiently meets their needs. Instead, it may be most beneficial to devote energy and resources to building affordable housing to meet the long-term needs of unhoused individuals in the community. The affordable designs of the Bridge Healing facilities could be used to meet these community needs for affordable housing.

Gender Diverse Peoples

Gender-diverse people experience compounded barriers to accessing housing. In part, this is a result of a lack of tailored resources as well as insufficient anti-oppressive/trans-inclusive staff training (Nelson et al., 2023). Historically, many resources within the housing system have been rigidly binary and based on cis-heteronormative frameworks such as having separate shelters for men and women (Nelson et al., 2023). Therefore, beyond the actual discrimination experienced by gender-diverse people, there are additional, invisible barriers due to the anticipated experience of discrimination based on previous occurrences. (Nelson et al., 2023).

As a result, people identifying in the LGBTQ2S+ community disproportionately experience houselessness. For example, the 2013 City of Toronto Street Needs Assessment reported that 20% of youth in the shelter system identify as LGBTQ2S+ even though the true prevalence of LGBTQ2S+ youth experiencing houselessness is probably higher (Homeless Hub).

Consequently, educating Bridge Healing staff about trans-inclusive policies and anti-discriminatory practices is essential to promote an inclusive environment for trans individuals. Moreover, having gender-inclusive facilities where clients have their private units and are not divided into gender binary categories will help promote feelings of inclusivity, safety and belongingness among transgender individuals.

Youth

Unhoused youth must be supported with youth-focused solutions. Often, the causes and conditions of youth houselessness are distinct from those of adults. In designing interventions for youth, their choice, voice, and self-determination must be emphasized (Gaetz et al., 2021). Programs need to expand their focus to support positive youth development and wellness. This should be accomplished using a strengths-based approach to build self-esteem, develop problem-solving skills, relationship building, personal goal setting, and access to educational opportunities (Gaetz et al., 2021). Additional considerations may be required for intersecting identity dimensions, youth leaving corrections, and youth involved with Child Protective Services (Gaetz et al., 2021).

Indigenous Peoples

Cultural humility is a necessary element of creating housing that is free from racism and discrimination. Staff should be intentional in their self-reflection, bias identification, and efforts to engage in respectful processes and relationship building. One way this can be achieved is through participation in learning opportunities such as those offered by the National Indigenous Cultural Safety Collaborative Learning Series. Housing First initiatives should endeavour to meaningfully include Indigenous values including care for the whole person (emotional, physical, psychological, and spiritual strengths and needs) as well as the incorporation of knowledge, wisdom, and skills of Elders (Greater Victoria Coalition to End Homelessness, 2019)

4

Initiatives in Other Provinces

Initiatives in Other Provinces

Ottawa Inner City Health Project

Although slightly different, Inner City Health in Ottawa, Ontario has many similarities with Bridge Healing. Ottawa Inner City Health seeks to ensure individuals experiencing houselessness have equitable access to physical health, mental health and substance use support and services (Inner City Health Project, 2024). It does this by collaborating with healthcare services and housing providers to integrate services for people experiencing houselessness. Several of its programs include:

- Men's Special Care Unit provides intensive support for physical, mental and substance use health and helps clients find appropriate housing to exit houselessness.
- Booth House provides supportive housing with 24-hour health and social support for women who were formerly houseless.
- Rita Thompson & Richcraft Residences provide housing for people experiencing houselessness in tandem with support for mental health, physical health and substance use challenges.
- The Oaks Residence is a transitional housing program for individuals experiencing chronic homelessness with mental health and substance use disorders.
- Dymon Health Clinic provides primary care services for homeless or street-involved people. The clinic also has nurse practitioners 7 days a week who provide ongoing, continuity care for those in unstable housing or for individuals experiencing homelessness in an ambulatory facility.
- The Ottawa Mission Hospice provides acute and chronic palliative care services for those experiencing houselessness.

Gattuso Centre for Social Medicine

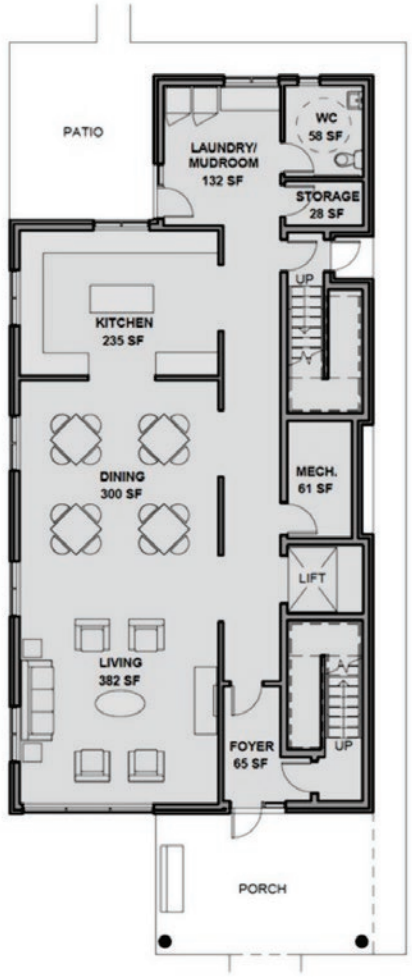
The University Health Network's Gattuso Centre for Social Medicine in Toronto is building 51 subsidized rental units with embedded health and social supports, similar to Bridge Healing (Habibinia, 2023). The subsidized rental units are available for people experiencing houselessness, especially those that frequent emergency departments. Unlike other supportive housing projects, tenants will have direct access to a wider range of healthcare supports on-site and direct connection to social supports such as on-site food programs, addiction and social work counselling, and education and life skill training programs (Goodman, 2023). The building is scheduled to be opened in the Spring of 2024.

5 Appendices

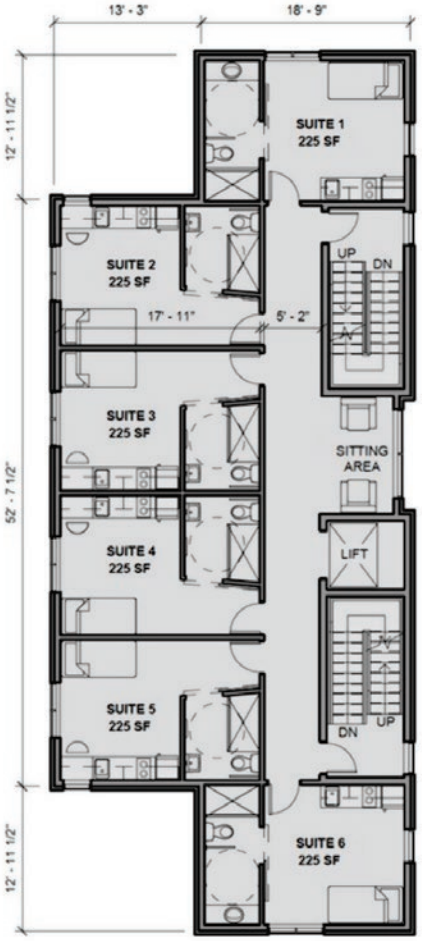
Appendices

Appendix #1: Bridge Healing Facility Floorplan

Figure 1. *Bridge Healing facility floorplan with consideration of The Eden AlternativeTM.*



First floor



Second & third floor

Appendix #2: Number of Unhoused Hospital Patients in Alberta

Table 1. *The total number of visits and patients who experience houselessness who visit emergency departments (ED) and urgent care centres (UCC) in Alberta.*

Distinct Patients*			Visits		ED/UCC Combined	
Calendar Year	**ED**	**UCC**	**ED**	**UCC**	**Total Distinct Patients****	**Total Visits**
2019	**7,237**	**1,853**	**20,254**	**4,496**	**8,185**	**24,740**
Calgary Zone	2,127	1,775	40,59	4,391	3,101	8,450
Central Zone	510		910		510	910
Edmonton Zone	3,930	79	13,604	105	3,954	13,709
North Zone	631		1,182		631	1,182
South Zone	331		499		331	499
2020	**7,496**	**1,598**	**21,265**	**3,661**	**8,204**	**24,926**
Calgary Zone	2,186	1,532	4,471		2,929	8,041
Central Zone	575		1,126	3,570	575	1,126
Edmonton Zone	4,021	67	13,695		4,032	13,786
North Zone	639		1,386	91	639	1,386
South Zone	370		587		370	587
2021	**7,870**	**1,726**	**22,521**	**3,875**	**8,640**	**26,396**
Calgary Zone	2,253	1,640	4,528	3,766	3,046	8,294
Central Zone	539		977		539	977
Edmonton Zone	4,297	87	15,082	109	4,314	15,191
North Zone	614		1,212		614	1,212
South Zone	450		722		450	722

Note: ED/UCC data is based on ICD coding (not what patients have reported).

** Grossly underestimated*
*** Duplicates in ED and UCC Counts were removed for the Total Distinct Patients Count*

Appendix #3: Several Articles and Videos about Bridge Healing

International Journal of Environmental Research and Public Health (MDPI): *Bridge Healing: A Pilot Project of a New Model to Prevent Repeat "Social Admit" Visits to the Emergency Department and Help Break the Cycle of Homelessness in Canada*

Government of Alberta: *Bridge Healing Transitional Accommodation Program – January 12, 2023*

uAlberta Folio: *Program offers houseless emergency department patients a bridge to home*

Alberta Health Services: *New emergency discharge community transition beds opening for people experiencing homelessness*; *2min Youtube Clip*

Royal Alexandra Hospital Foundation: *Government of Alberta Commits to Fully Funding Bridge Healing Pilot Program; YouTube Clip*

Alberta Doctors' Digest: *A new way of discharging homeless patients from hospital*

The Globe and Mail: *Alberta creates transition beds for homeless patients after hospital discharge*

CBC: *Edmonton facility will offer transition beds to discharged ER patients who are homeless*

CTV News Edmonton: *36 beds opening in Edmonton for homeless people recently discharged from ER*

CTV Alberta Primetime: *January 16, 2023 [10-minute mark]*

Global News Edmonton: *First-of-its-kind housing coming to Edmonton for homeless patients after E.R. discharge*

Edmonton Journal: *New Edmonton housing to provide 'bridge healing' for homeless patients discharged from ER*

Edmonton Journal: *Transitional healthcare for Edmonton's homeless*

City News Edmonton: *New centre to give the homeless transitional housing following ER visits*

630 CHED & 770 CHQR: *Radio Interview*

Alberta Prime Times: *New emergency discharge community transition beds opening for people experiencing homelessness*

On The Way Home: *Bridge Healing Transitional Accommodation Program With Dr. Louis Francescutti*

Tech Life Today: *NAIT students contribute to housing project for houseless emergency room patients*

HealthyDebate: Housing first: *The case for social prescribing of housing in emergency departments*

Appendix #4: Additional Resources for Effective Community Engagement for Affordable Housing Projects

MacNeil, M. (2004, May). NIMBY: When affordable housing development meets community opposition.
https://www.homelesshub.ca/sites/default/files/knqkexbh.pdf

This short article provides some basic step-by-step guidelines for preparing a strategy to address community opposition toward housing projects. Although useful for developing all community engagement initiatives, this article specifically addresses NIMBY ("Not in My Back Yard") beliefs. The article also provides some Do's and Don't principles for overcoming NIMBY.

Greater Victoria Coalition to End Homelessness. (2019, Oct.). 'NIMBY' to Neighbours: A series of 'NIMBY' fact sheets.
https://buildhomesnotbarriers.ca/wp-content/uploads/2019/10/NIMBY-Package-Print_FINAL-Victoria.pdf

This article highlights facts relating to NIMBY concerns that arise from community engagement. There are six common themes when talking about the issues relating to NIMBY: property value, crime and safety, congestion and infrastructure strain, neighbourhood character, new resident behaviours, and the community having enough affordable housing. This article also highlights evidence-based information that addresses these concerns or illuminates how these concerns are discriminatory in nature.

Civida. (2021, December 13). Responding to community opposition to affordable housing.
https://civida.ca/aboutcivida/research-initiatives/responding-to-community-opposition-to-affordable-housing/

This website provides two full reports and a toolbox of eight fact sheets about affordable housing and neighbouring property values, strategies for responding to community opposition to affordable housing, the urgent need for affordable housing, the benefits of affordable housing, facts and myths about affordable housing, crime and disorder, the distinct housing needs of rural communities, and what the government can do to help. Although this research was performed in Alberta, the knowledge and proposed strategies are applied across Canada.

Appendix #5: Bridge Healing Referral Information Sheet

Please explain the following to patients:

- Bridge Healing is an **intense program** with a time-limited stay (approximately 30 days) where they will have to work daily to secure permanent housing and make and attend appointments.
- Staff are on site 24/7 to maintain a secure building and provide support.
- This is a collaborative process. The program participants are expected to contribute to the home by doing chores and keeping their space clean.

Bridge Healing **will not** accept:

- Evacuees (ie: natural disasters)
- Individuals who have a guardian and/or do not have the capacity to make personal decisions for themselves.

The following is the information social workers will be asked when referring patients:

- Client consents to referral (Consent to Treatment Plan form completed and scanned into Connect Care)
- Does the patient have ID?
- Do they have a source of income? If so, what is it?
- Client does not have a safe place to reside and wants permanent housing.
- How long have they been houseless?
- Where were they staying before coming into hospital? (if with a friend or family ask if they are able to return--if they were kicked out due to a minor disagreement and the patient reports they are able to go back in a day or 2 they should be referred to shelter.)
- Client understands that The Bridge Healing program requires them to engage in the necessary steps to secure permanent housing, and if they do not engage they will be discharged from the program.
- Do they have a partner or someone else staying outside that would be a barrier to their commitment to secure housing? (We are currently unable to accept couples unless presenting together at the ED. All rooms are single occupancy)
- Client has ability to safely reside in a communal setting with others without the monitoring of a site-based regulated healthcare provider.
- Client understands this is a co-ed building, meaning both men and women have access to all communal spaces, is patient comfortable with this arrangement?
- Client has no physical or addiction/mental health needs that requiring acute care
- Are there supports client is connected to? (current housing worker, ARCH or ACT, family doctor, therapist)
- Any other important factors? (i.e., were they in hospital for something contagious? suicide ideation?)

Appendix #6: Bridge Healing Brochure

Download the *Bridge Healing* brochure PDF

This brochure can be used for promotional purposes and in the emergency department to provide information about Bridge Healing.

6 References

References

Alberta Health Analytics and Reporting Branch. (2022). Homeless ED Visits in Alberta; 2019 to 2021, By Facility. In *Alberta Health Analytics and Reporting Branch*.

Alger, C. (2022). Tracking homelessness-related ED use in Edmonton: 2019 to 2021. *Healthcare Quarterly*, 25(1), 24-28.

Bowen M, Marwick S, Marshall T, et al. (2019) Multimorbidity and emergency department visits by a homeless population: a database study in specialist general practice. *BJGP*, 69(685), e515–25.

Canadian Institute for Health Information (CIHI). Cost of a Standard Hospital Stay. Accessed November 2, 2023.

Centers for Disease Control and Prevention. (2023, January 9). CDC - *Assessment - Community Health Assessment* - STLT Gateway. Centers for Disease Control and Prevention. https://www.cdc.gov/publichealthgateway/cha/assessment.html

Centers for Disease Control and Prevention. (2017, May 15). *Framework for Program Evaluation* - CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/evaluation/framework/index.htm

Doran, K. M., Ragins, K. T., Iacomacci, A. L., Cunningham, A., Jubanyik, K. J., & Jenq, G. Y. (2013). The Revolving Hospital Door: Hospital Readmissions Among Patients Who are Homeless. *Medical Care*, 51(9), 767–773. https://doi.org/10.1097/mlr.0b013e31829fafbb

Gaetz, S., Dej, E., & Richter, T. (2016). Canadian Definition of Homelessness. Toronto: Canadian Observatory on Homelessness Press.

Gaetz, S., Scott, F., and Gulliver, T. (Eds.) (2013). *Housing First in Canada: Supporting Communities to End Homelessness*. Toronto: Canadian Homelessness Research Network Press.

Gaetz, S., Walter, H. and Story, C. (2021). *THIS is Housing First for Youth. Part 1 – Program Model Guide*. Toronto, ON: Canadian Observatory on Homelessness Press. Retrieved from: Part 1: Program Model Guide | The Homeless Hub.

Goodman, R. (2023, October 3). Old parking lot turned housing project set to open this winter in parkdale. *NOW Toronto*.

Greater Victoria Coalition to End Homelessness. (2019). Housing First From An Indigenous Perspective (Presentation slides). Retrieved from: PowerPoint Presentation (victoriahomelessness.ca)

Habibinia , M. (2023). Why a hospital network is turning a parking lot into affordable housing. *Toronto Star*.

Homeless Hub. (n.d.). *Lesbian, gay, bisexual, transgender, transsexual, queer, questioning and two-spirit (LGBTQ2S)*. Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning and Two-Spirit (LGBTQ2S) | The Homeless Hub. https://www.homelesshub.ca/about-homelessness/population-specific/lesbian-gay-bisexual-transgender-transsexual-queer

Hwang, S., Weaver, J., Aubry, T., & Hoch, J., (2011). Hospital Costs and Length of Stay Among Homeless Patients Admitted to Medical, Surgical, and Psychiatric Services. Medical Care. 49(4) https://doi.org/10.1097/mlr.0b013e318206c50d

Jasper Place Wellness Centre. (2023). *What We Do.* Retrieved from https://jpwc.ca/whatwedo/

Jürgens R (2008). "Nothing about us without us" — Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative, International edition. Toronto: Canadian HIV/AIDS Legal Network, International HIV/AIDS Alliance, Open Society Institute

Kim, P., Perreault, G., & Foster, W. (2011). *Finding Your Funding Model: A Practical Approach to Nonprofit Sustainability.* The Bridgespan Group. https://www.bridgespan.org/getmedia/52a19f80-fc02-4312-a19c-1a0b69d3def8/Funding-Models-Guide_1.pdf

MacNeil, M. (2004, May). NIMBY: When affordable housing development meets community opposition. https://www.homelesshub.ca/sites/default/files/knqkexbh.pdf

Nelson, A., Malenfant, J., and Schwan, K., and Watchorn, M. (2023). Housing Need & Homelessness Amongst Gender-Diverse People in Canada: A Preliminary Report - Literature Review & Practice Scan. The Office of the Federal Housing Advocate, Canadian Human Rights Commission. Retrieved from: Lit-Practice-Scan-on-Housing-Need-Homelessness-amongst-Gender-Diverse-Persons.pdf (womenshomelessness.ca).

Ní Cheallaigh C, Cullivan S, Sears J, et al. (2017). Usage of Unscheduled Hospital Care by Homeless Individuals in Dublin, Ireland: A Cross-Sectional Study. *BMJ Open*. 7(11), e016420.

O'Leary, B. (2016). Unhoused in Toronto : The delivery and experience of hospital healthcare services for homeless people. In *The Homeless Hub.*

Inner City Health Project - Programs & Services. Ottawa Inner City Health. (2024). https://ottawainnercityhealth.ca/programs-services/

Schiff, J. and Turner, A. (2014). *Housing First in Rural Canada: Rural Homelessness & Housing First Feasibility Across 22 Canadian Communities.* University of Calgary, Faculty of Social Work. Retrieved from: Housing First in Rural Canada: Rural Homelessness & Housing First Feasibility Across 22 Canadian Communities | The Homeless Hub

Sherbrooke Community Centre. (n.d.) The eden alternative philosophy has been the template for driving successful cultural change at Sherbrooke. *Sherbrooke Foundation. Retrieved from:* https://www.sherbrookecommunitycentre.ca/sherbrooke-difference/the-eden-alternative-philosophy/

Sheloff, S., (2024). *"You Can't Choose Your Neighbours, You Choose How To Engage With Your Neighbours:" a critical examination of good neighbour plans in Edmonton, Alberta.* Jasper Place Wellness Centre. www.jpwc.ca/_files/ugd/e679a6_2621c40255c64cbab2637c6b73fe14ac.pdf

Vohra, N., Paudyal, V. & Price, M.J. (2022). Homelessness and the use of Emergency Department as a source of healthcare: a systematic review. *Int J Emerg Med*, 32(15), https://doi.org/10.1186/s12245-022-00435-3

Wiens, K., Rosella, L., Kurdyak, P., Chen, S., Aubry, T., Stergiopoulos, V., & Hwang, S., (2021). Factors associated with higher healthcare costs in a cohort of homeless adults with a mental illness and a general cohort of adults with a history of homelessness. *BMC Health Serv Res. 21*(555). https://doi.org/10.1186%2Fs12913-021-06562-6

JASPER PLACE
WELLNESS
CENTRE

Community Development Organization
15308 Stony Plain Rd, Edmonton, AB T5P 3Y7
T 780.481.4001
www.jpwc.ca